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ORIGINAL COMMUNICATIONS.

On the Diseases and Injuries of Seamen. By G. R. B. HORNER,
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Diseases of the Respiratory Organs.

Notwithstanding the strict examination of seamen before their admission on board ship, there are no class of persons who suffer more from the above complaints. This may be ascribed mainly to their great exposure to every vicissitude of weather, their often being wet with rain or sea water, neglecting or not being able to change their clothes, and when chilled not having it in their power to warm themselves by any artificial means. When on watch, too, they are very much habituated to lying down on the decks, and even beneath the sails, reflecting down upon them the strongest currents of air. Likewise, seamen when sleeping below decks, and the air presses down through the hatches and into the ports, are very liable to take cold. This, moreover, affects them from its constant application, and being accompanied always with more or less dampness, either in the external air, or in that of their vessels. These likewise shift like the weather, and so often pass from hot to frigid climates that their crews suffer thereby as they would from exposure to vicissitudes of

weather, and when remaining in any fixed place. Owing to these causes seamen are liable to every species of disease which effects the lungs, their air-pasages and investing membranes. From neglect and want of proper medical attendance, many of them are prone to be severely and chronically diseased; organic changes necessarily follow, and cures are more difficult of attainment. Upon the inspection of the diseases which occurred in three men-of-war—two frigates and one ship of the line—of which I was surgeon, I have found that in one of the former 265 cases of catarrh, alone, took place. In the other frigate there were 106 within 18 months, the period I was on board her; and in the Delaware, the ship of the line referred to, which had a crew of 840 persons, 232 cases occurred, although she spent more than a year between the tropics before she went to the Mediterranean. During the entire cruise of two and a half years, 23 of her crew had phthisis pulmonalis, of whom twelve died; eight on the Brazil station, and four after she left. But one of the former died in a merchant vessel before she got clear of the coast, and one of the latter either at our naval hospital, Port Mahon, or else in returning home. Of the crew of the United States, the first frigate referred to, ten had phthisis, of whom eight died, four on board, and four at the above hospital under charge of another surgeon than myself; but in the Savannah, the second frigate, merely three cases of the disease happened, of which only one was fatal, that of a supernumerary who came on board of her in California for treatment. The comparative exemption of her crew from the disease is ascribed to the great care in selecting from it, and sending on shore at Boston, before she sailed, all persons who were believed to be of unsound constitution. The great reduction in the number of her crew on her arrival in the above country, also served to render the number of cases proportionally less, and we must likewise ascribe the small amount of these and other cases of pulmonic diseases to the avoidance of wet decks, keeping the vessel continually of moderate temperature by the use of stoves in her, and the receiving ship, Franklin, to which the crew were transferred while the Savannah was in the dry-dock undergoing repairs. But the cold was so intense, the air so humid, when the wind blew from the north-east and east, that eleven of them were affected with pleurisy, between the 12th

January and the 4th of March, 1849, the period included within the time of her arrival off and departure from Boston. No deaths took place among these cases, and a very small number of other pulmonic ones, except phthisis, in the above and other vessels terminated fatally. Among these cases was the one of pneumonia, in the Brandywine, followed by mortification of the lungs, and another accompanying a violent remittent fever, off the coast of Syria, and in another frigate, From catarrh no death directly happened, but one of the fatal cases of phthisis was traced to it, and one of hypertrophy of the heart in the Delaware which ended in like manner, two months after the patient contracted a catarrh in the form of influenza, which attacked the crew in the first week of September, 1843, while she was at Naples. More than sixty of them were affected at the same time with the complaint to such a degree as to be rendered unfit for duty. Many others were affected moderately and were not taken on the sick list. What was most remarkable respecting the disease, was, its prevalence during warm and fair weather, without any great change of temperature, Fahrenheit's thermometer having been at 76° , the day before the influenza appeared; at 73° on the same day the three first cases were admitted, and only at 71° upon the 10th of September, or three days afterwards. The thermometer fell a fraction on the day the disease appeared, and at the same time the wind blew freshly from off shore, and the Apennines, and raised by its great dryness the hygrometer to a most extraordinary height. As no rain had recently fallen, a whitish impalpable dust was blown to the ship, covered her rigging, and caused the sailors to think it was sulphur ejected from Mount Vesuvius, although the wind was north-east, and the latter bore almost south-east. They likewise concluded that the dust being sulphur must have occasioned the epidemic.

On board the United States the atmospheric phenomena were different. The air had been damp and chilly, the wind was variable; the thermometer was at the freezing point the day we entered the gulf of Smyrna, and snow covered the adjacent mountains. But on the 26th of January, 1837, the day before she left that port, and three weeks from the former period, the thermometer was at sixty-one degrees. The number and violence of these cases in this vessel corresponded with the extremes in

temperature. One hundred and twenty-six of the men were affected with catarrh in such a severe form as to have been taken on the sick list between the seventeenth of January, when the complaint began to assume an epidemic form, and the 12th of February, when it ceased to be so, and the vessel arrived at Port Mahon.

On the 27th of January ninety men, including officers, were on the list, and almost the whole number had the complaint, some moderately, others violently, and accompanied with high fever, acute pains in the head, chest and limbs, and delirium. Among the latter was an officer liable to hereditary insanity, and who has been a maniac ever since. His mind had been previously wavering between sanity and insanity, and lost its balance when catarrhal fever attacked him. In these cases, as well as those of the same kind in the Delaware, venesection was employed: leeches were applied to the temples, cups and blisters to the chest, when it was much affected; pectorals, anodynes and diaphoretics were prescribed; but in a vast majority of patients I effected a cure in a few days, often in a single one, by first giving an ounce of epsom salts and one or two grains of tartar-emetic in ℥viii of water at several doses; then by administering a solution of the latter medicine in the dose of an eighth of a grain in simple water, but generally, as being most palatable and soothing to the throat, when flavored with sugar, gum arabic and extract of liquorice. This pectoral was given every hour, or at intervals of three or four hours, and was aided by some hot herb tea, as that of catnip, marsh-mallow and horehound. Balm and eupatorium are also freely used by me in such cases, and for producing copious perspiration the latter is unrivalled by any of the other herbs mentioned. To promote the diaphoretic effects of all of them, the feet were well bathed in hot water; and as this also produced a revulsive effect from the brain, it composed this and caused the sick to sleep soundly. The bath, moreover, helped to relieve coryza, which was often very profuse, from the inflammation of the mucous membrane of the nostrils being very intense; but in these cases, the direct application of steam or hot water to them several times a day was most effectual, from its inducing a profuse secretion of mucus and disgoring the capillary vessels. A few grains of super-acetate of lead or sul-

phate of zinc render the hot water still more effectual. The steam of vinegar or brandy is likewise beneficial, but I prefer that of water. This, moreover, I have found best to relieve otitis, which sometimes attends catarrh, and for its cure may be applied by means of a hot brick wrapped in a damp towel.

Several cases of pleurisy and one of pneumonia occurred in the United States at the same time with the influenza, and were cured by copious venesection, cups and blisters to the thorax, and other remedies enumerated. In the treatment of the last named affection, the spiritus mindereri and neutral mixture with tartar emetic dissolved in them, and the nitrous powders containing this medicine, in the quantity of an eighth of a grain, with one grain of calomel in each powder, produce a happy effect. The three first named articles promote sweating and expectoration, open the bowels and reduce the pulse, while the last named decreases the plastic property of the blood and causes the absorption of any effusion which may have occurred in the lungs, or within and upon their pleural coat and that of the ribs. By observing the above practice with some variations, none of the above cases of pleurisy and pneumonia ended fatally, and no others, except two private ones to which I was called in the last stage, and which had been unattended by any physician. One was that of a marble mason, who persisted during a rainy, chilly day in polishing one of the columns to the portico of the Naval Asylum. A violent inflammation of the lungs, bladder, and almost every tissue of his body supervened; and having been allowed to rage unchecked, every affected part became so injected with red blood as to appear to have been done by artificial means. The mucous coat of the bladder was the most peculiar, from being of a scarlet hue, covered with dark red spots.

The other case was that of a citizen of the island of Milo, south of Greece, and to whom I was called during a transitory visit to the town, in April, 1833, while surgeon to the John Adams. Although the island contained some thousands of inhabitants, there was not then a single physician among them. The patient had therefore received no proper medical attention, was in the last struggle for existence, and gasping loudly for breath in a low bed and at the back of a dark room. A crowd of women, wrapped in white muslin mantles and dresses, stood around the

bed, and holding flaming torches in their hands, were mournfully looking on at the dying man. He laid, apparently unconscious of their presence, upon his back, making imperfect inspirations and expirations; his face was sunken, pallid, cadaverous, his pulse was rapid and bounding, but sinking. There was not the least hope of his recovery, yet I prescribed, through an interpreter, what seemed calculated to comfort him, and had to hurry away before the awfully tragic scene had terminated, lest darkness should overtake me before the landing place and ship were reached. Her distance from the shore, and this from the town, prevented me from making any attempt at a post-mortem examination, and had it been convenient to make one, the friends of the deceased would probably have refused it. From the symptoms, too, the morbid changes, I judge, would have been similar to those just described, from this man having had the disease also unchecked. The changes found in the dissection of the seaman, mentioned as having died of hypertrophy of the heart succeeding catarrh, were the following: The whole organ was much enlarged, and especially its left ventricles, the parietes were thickened, the auricular ventricular openings expanded, the chordæ tendinae and columnæ carneæ elongated and thickened, the aorta was expanded and gritty, the pericardium contained several ounces of serum, and the left ventricle was filled with dark blood. The right lung adhered to the ribs; its bronchia were expanded; it contained some tubercles and purulent matter, and within the pleura were about two pounds of serum. The liver was indurated, of a greyish red color like porphyry, and much engorged. The gall bladder was small and filled with dark bile; the pancreas indurated and enlarged; the mucous coat of the stomach congested and somewhat softened.

From these morbid alterations, his age, which was fifty, his habits as a sailor, and his not having complained before attacked with catarrh, of any cardiac, or other disorder, to my knowledge, the following conclusions were drawn: that by long continued indulgence in ardent spirits, the liver, pancreas and stomach had been affected, and the two first indurated insensibly; that the circulation of the blood having been partially interrupted, the heart then commenced to enlarge, and the influenza afterwards having seized him, that organ, the right lung and pleura became

actively inflamed. This was very clearly indicated by the great fulness, frequency and strength of his pulse, great dyspnœa, pain in the chest and other symptoms, which caused me to bleed him copiously twice within the first three days after he was taken on the sick list, to bleed him moderately once towards the close of his life, and to administer the tincture of digitalis, squills, antimonials, tr. assafoetida, extract of stramomium, and other anodynes, besides making local applications over the diseased parts.

In the treatment of phthisis, of the tubercular or other kinds, the above remedies with a variety of others were employed, but the result as stated has already shewn that they often failed in my hands as they have done in those of many more physicians. Relief was certainly obtained by using these remedies, the patients were at least made more comfortable, but in all climates consumption had its full quota of victims, in spite of cod liver oil and every other specific recommended. But in some cases I was gratified by success. Two of them were, that of a marine who had been completely prostrated by phthisis and its accompanying chronic diarrhœa, and the other that of a seaman just returned from a cruise in the East Indies; but his case was not one of tubercular phthisis, and was thought to have been induced chiefly by an adhesion of the upper convex surface of the liver to the diaphragm and inflammation extending from it into the right lung. An abscess formed in this, a large quantity of thick whitish pus was discharged day after day, and finally became so tinged with green, as to permit no doubt that bile was being effused from the liver through an ulcerated passage extending through the diaphragm into an adhering portion of the lung. This patient, John Ward, was and is now, a pensioner in the Naval Asylum, of which I was surgeon when he was treated. He was cured chiefly by means of tincture of digitalis, gum ammoniac and other expectorants, blisters to the chest, tartar emetic ointment as a dressing, and pills of blue mass. The other case was cured, at least sufficiently for him to resume his duties, by the internal use of a solution of sulphate of zinc and sulphate of morphine, in the proportion of one grain of the former to $\frac{1}{8}$ of the latter 3 or 4 times a day in a half ounce of water, and by injecting the same compound into the rectum to check the diarrhœa.

While I was at the Naval Asylum, another uncommon instance of phthisis occurred in the person of Wm. Williams, a one legged pensioner, of intemperate habits. He was under treatment for six months, had taken various pectorals, composed of tinc. of tolu, gum ammoniac, acetate and sulphate of morphine, had worn a tartar emetic plaster, and for a long period had his wasting frame supported by bitter infusions and quinine mixture. In the mean while he expectorated a large quantity of pus, and discharged almost as much from an abscess over the anterior face of the right ribs. Upon death having occurred, an autopsy was made to ascertain what connection existed between the internal and external abscess, and to discover what other morbid changes existed. Four of the true ribs, the third, fourth, fifth, sixth and seventh, were found to have formed the base of the external abscess, and beneath the third and fourth ones was the abscess in the lung. No direct communication was discovered between the two abscesses, but it was thought that the trace of it had been removed by the knife and saw used in dissection. The cartilages were ossified, and one was separated from its rib by caries. This was plainly owing to the pulmonic abscess behind it having had its contents brought into contact with the bone and cartilage. The external abscess having discharged its fluid contents through the fistulous orifice which had so long existed, contained only some cheesy matter. The right lung had a small quantity of water effused in it, and the left lung had much contracted in size, was filled with tubercles of a blackish grey color, adhered closely to the ribs and cartilages, so that the pleura costalis and pulmonalis were merged into one and undistinguishable, and the lung in its antero-posterior diameter was merely about one inch and a half in diameter. The liver was very small and blanched at its lower edge, but the right lobe was elongated downwards into a flap three inches long, and its structure otherwise normal.

In conclusion I will state concerning this patient, that he had an attack of hæmoptysis a year before he was treated for phthisis, and was nine days under my care for the former.

Six other patients at the Asylum besides those spoken of had phthisis during my last term of service there, and one died

of it there before it was opened for the reception of pensioners, and while I was assistant to our late distinguished chief of the bureau of medicine, Dr. Thomas Harris. The latter patient was a seaman who, while dying, nobly offered, without any request or persuasion, to let me "do with his body after death as was thought fit." Accordingly it was examined. His lungs were found filled with tubercles, but the right one, as I have seen in most dissections, was worst diseased, containing several vomicæ, and being totally disorganized. Of the six other cases three ended in death, and one within twelve days after it was treated. This case was an obscure one. The patient was 65 years old; came on the list, and was treated for a cough and diarrhœa of great obstinacy, which seemed the chief cause of death. He was much prostrated, and in conjunction with an expectorant and opiates taken by mouth and used as enemata had to be prescribed, pills of sulphate of quinine, and an infusion of pulv. cinchonæ, colombo, ginger and orange peel. For cough, and shortness of breath of an asthmatic kind, he was also given a tartar emetic plaster to be worn over the chest. The infusion having appeared to purge, was combined with laudanum, and xx. drops were taken in each dose. Opiate enemata were prescribed pro re nata, the diarrhœa having become worse. It was impossible by these or other medicines to sustain him; the stools became watery, his excretions of all kinds offensive, and he expectorated some greenish pus ten days before his decease. Upon examining him, both lungs were found adhering to the ribs, filled with tubercles, collapsed and shrivelled. The right lung, however, as expected, was worst, for it contained many vomicæ of small size, and adhered to the ribs by strong tendinous bands. The small intestines and stomach were inflamed chronically, and the latter had its mucous coat atrophied, of a dark red color, and deprived of its cryptæ and folds. The liver was blanched and indurated, and had its acini indistinct. But the most unnatural phenomena were the thickening and softening of the parietes of the heart, and the perfect adhesion of this to the pericardium, no interstice having been left between them. No instance of this kind had ever before fallen under my notice, nor has another been since seen.

Another pensioner, named Wilhelm, a foreigner, had long

been gate keeper at the Asylum, and was remarkable for his florid complexion, slender and agile form. He came on the list with a slimy diarrhoea and inflamed eyes. His tongue was thickly furred, his abdomen sore to the touch, and he had had a cough for some time; but little notice was taken of it until he had been on the list for three weeks and expectorated a quantity of glairy, greenish mucus. The stethoscope was then applied, and detected a mucous rattle. His bowels up to that time had attracted chief attention, and had been restricted by first giving a dose of pulv. rad. rhei, magnesia and laudanum, and afterwards several sorts of pills, besides some grains of kino and tinc. cinchona compos. as he had been a free drinker. The pills were of ipecac. and opium at first, then of these articles and blue mass, and last of the former, calomel and essence of peppermint. Two days after his admission he complained of being very weak, and was directed two doses a day of a quinine mixture and a pill at night. He likewise was given an infusion of cinchona, colombo and ginger, with tincture of opium, a brown mixture for his cough, some opiate enemata, pills of quinine, opium, and essence of peppermint; had a Burgundy plaster put on his chest, and a flannel bandage around his abdomen. Nothing availed; he died twenty-five days after taken in charge.

Autopsia.—Two ounces of serum were in the pericardium, the lungs adhered in every part to the ribs; when cut into resembled greyish granite, were filled with tubercles beginning to suppurate, but the right lung was most diseased. The stomach was distended with flatus, its mucous coat was deficient, being about the thickness of brown paper, was softened, and easily scraped off with a knife handle; the folds and villi were almost invisible, and slight inflammation existed in the cardiac orifice. Three ulcers were seen in the jejunum within a foot of one another, and completely perforating its coats; the peritoneal coat of all the small intestines was inflamed, slightly in most parts, but greatly in some from the effusion of fæces into the cavity of the peritoneum. The liver was enlarged, indurated, nearly white, and deprived of its acini; the spleen was indurated, but weighed only about three ounces, was merely two and a half inches long, one thick, and one and a half broad, and contained no grumous blood. The bladder was contracted and blanched, its coats were thick-

ened, the left kidney was enlarged, of a light red color, and nearly as hard as dried beef, and the right kidney, though of natural size, was of the same consistence.

Such were the effects of disease on this poor old sailor, aggravated by a long-continued abuse of ardent spirits—the greatest of all curses to his fraternity, and destroying more of them than become victims to the tempests or the billows of the ocean.

Case of Precocious Development of the Sexual System in a Female Child. By CHARLES WILSON, M. D., of New Berlin, Union Co., Pa.

In Nov. 1850, while residing at Selin's Grove, in this county, I was called several miles into the country, at night, to see a case of croup. After the little sufferer was relieved and I was about to depart, the mother of the child requested me to prescribe for a daughter who had been in ill health for several weeks, on account of a suppression of the menses. I replied that as it depended altogether upon the state or condition of health her daughter was in, it would be necessary for me to see her before I could prescribe an appropriate remedy. She then stated that her daughter was not yet six years old, and was so bashful that I could get nothing out of her, nor would she remain in my presence. On my naturally expressing much surprise at what she related, and in answer to my earnest questions, the mother gave me the following history of her daughter's case:

Mary Ann G—— was born in March, 1845. There was nothing remarkable observed in the child at birth, but the unusual size of the mammæ, which were "as large as hen's eggs;" they increased rapidly, and at the fifth month had attained the size of a girl at puberty. The mother at this time noticed the child's diaper stained with blood, and upon examination, ascertained that it proceeded from the genitals. This discharge continued two days. In five months subsequently,—the tenth month of her age,—this discharge reappeared and continued for three days. After this it came on every three months, until she was four years old, when it did not appear at the accustomed time. The child fell into bad health and had the usual ailings of females laboring under a suppression. After using various remedies, she

was again regular at the seventh month from the first period, when she immediately regained her former good health. Her menses, however, have since then appeared only every seven months; they continue, and have done so for several years, five days. Now, however, her time to be regulated has passed for some weeks without a show, and she again suffers bad health, for which I am consulted.

On expressing an anxious desire to the father to see and examine the child, he gratified me by leading the way to her chamber, where she lay on her bed asleep, and completely exposed her. She was about the ordinary stature of children of her age, but unusually heavy set and fat. Her breasts were about the size of a *well developed* adult virgin's, of which her father said she used to feel very proud, and take boastful airs on herself with her little playmates, but latterly has become shy and avoids any notice of or allusion to them by others. The pudendum was thinly covered with black hair, and altogether she presented the appearance of a girl after the age of puberty.

In answer to my interrogatory, whether she ever manifested any amorous predilections for the other sex, the father replied that he had observed none.

I prescribed for this anomalous little creature, but heard nothing more of her, as her parents shortly afterwards removed to another and more distant residence.

CLINICAL REPORTS.

*Pennsylvania College, Ninth below Locust street. Service of
Professor GILBERT.*

Reported by W. H. GOBRECHT, M. D.

Case of Extensive Enchondroma of the inferior maxilla, removed by resection of the body of the bone from the symphysis to the angle on the right side.

The patient, Moses Christopher, aged thirty years, colored, seaman by occupation, generally residing in this city and enjoying good health, was brought before the class by Professor Gilbert on Oct. 12th, 1853, when it was shown that a large tumor

projected from the right side of his face, commencing immediately below the malar bone and extending into the neck, whilst horizontally it occupied all the space intervening between the symphysis of the chin and the lobe of the ear. The outlines of the tumour were distinct, terminating abruptly, without adhesion to the integument or any tissue or organ bounding it. The cavity of the mouth was found filled by the tumor which was traversed by a deep sulcus that received the row of teeth projecting from the right superior maxilla, around which the tumor seemed to have moulded itself. Of the two lobes thus formed, one extending upward and outward greatly distended the cheek, and the other passing upward and inward almost completely filled the whole palatine arch of the mouth when it was closed. The tongue was pushed back, so as to be seen with difficulty, and the os hyoides and larynx were also pressed toward the pharynx by the extension of the tumor in that direction.

The external appearance of the tumor is here shown in a cut by Gihon, from a Daguerreotype by Laughlin.



This entire adventitious mass seemed to consist of an expansion of, or an interstitial growth within, the right half of the inferior maxilla, terminating abruptly at the symphysis and angle

of the bone. It is hard and osseous in all its periphery; within the mouth, it is covered by the natural tissues which remain free from abrasion or ulceration. The lower teeth of this side are covered by and involved in the tumor.

Of the numerous cases of tumor operated for already in the presence of the class this session, no one belongs to the division of which this is a most interesting specimen.

The patient stated that he observed the commencement of this tumor, about four years ago, he then had pain in a molar tooth of that side, since which time it has gradually increased without pain or other annoyance, except such as resulted from the inconvenience of bulk. At present mastication (on the sound side) is exceedingly difficult, and deglutition, respiration and articulation, are materially interfered with. The molar teeth of the superior maxilla, have occasionally abraded the mucous membrane occupying the cleft of the tumor, from which hemorrhage occurred, but by ordinary care it soon cicatrized.

Prof. Gilbert then remarked that from the history of the case and the physical signs presented, there could be no doubt of the character of the tumor, viz., that it is *benign* or *analogous*, and entirely free from all malignancy, belonging to the division of osseous tumors which has been recently denominated Enchondroma.

As the lower jaw is frequently the seat of malignant tumor or osteocephaloma, it is of the utmost importance to arrive at a correct diagnosis before any operation is decided upon in a case of this kind, since, in the latter form of disease, operative procedures do not afford permanent relief, but rather hasten a fatal result.

In this case the tumor commenced its growth after the individual had attained adult age; its increase has been slow, gradual, uniform and painless; it is firm and unyielding to pressure, and presents an even convex surface; it has formed no attachment with surrounding tissues, nor do we observe any disorder of the general system; there are no ulcerating points upon its surface, all abrasion from the action of the upper teeth having cicatrized. Dr. Gilbert has therefore no hesitation in deciding upon the propriety of an operation, and will expect it to be

quite as successful as that performed here last year, in the case of Mr. Reilly, involving the removal of a smaller portion of the lower jaw, or that of Mrs. E. McB——, of N. J., in whose case about a year ago the entire superior maxilla was removed, both precisely similar in their histological characters. The operation though formidable and involving risk to life, is nevertheless justified by the impending fatal result if left to itself, by mechanical closure of the larynx and œsophagus.

On Wednesday, Oct. 19th, at 1 P. M., the operation of resection was performed, in the Surgical Amphitheatre of the Pennsylvania Medical College, in the presence of the class, and a number of medical gentlemen, by Prof. Gilbert, assisted by Prof. Allen, Dr. Gobrecht, and Dr. W. K. Gilbert.

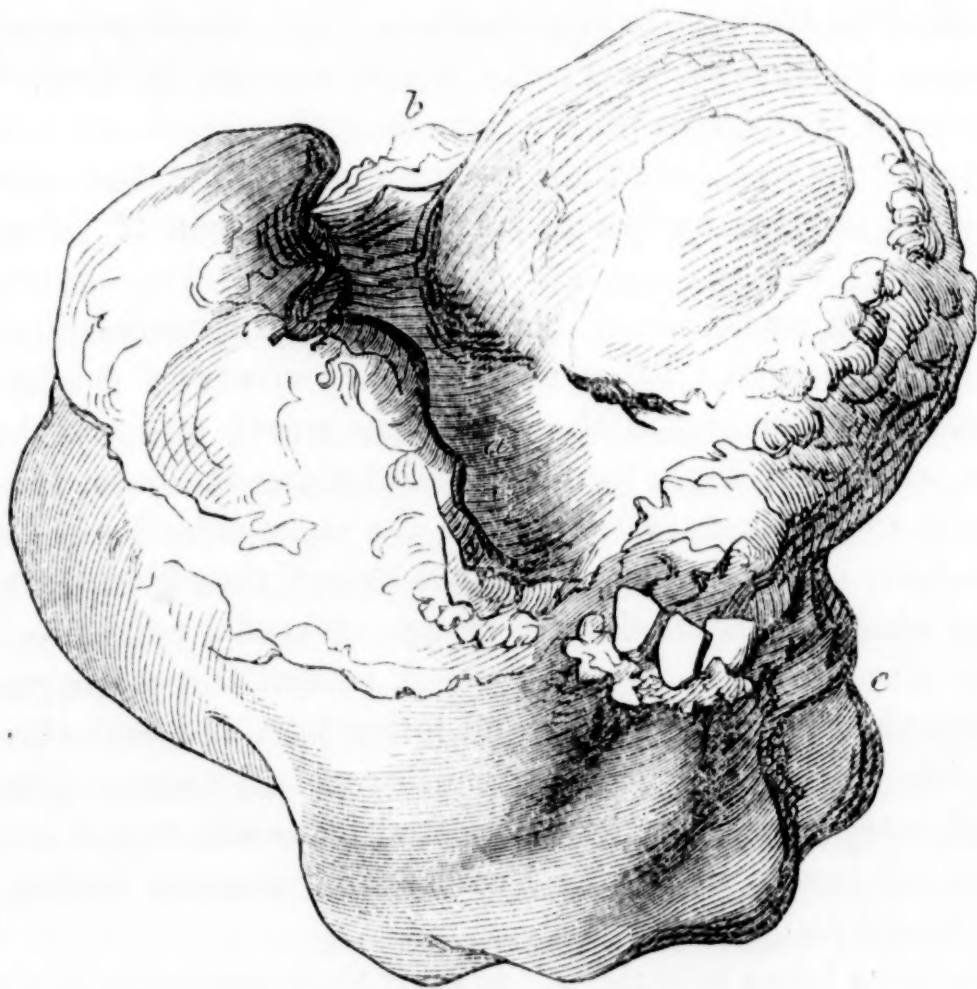
The patient was seated in a strong arm chair, and complete anæsthesia induced by the inhalation of a solution of chloroform in ether.

An incision was made on the left side of the mesial line of the chin, extending from below the coronary artery of the lip down to the lower extremity of the symphysis menti, and was then extended at a right angle from this point along the base, to a point posterior to the angle of the jaw on the right side, freely dividing all the tissues down to the bone and tumor, thus leaving the prolabium whole. The facial artery was secured by ligature immediately after its division. The cheek comprising the upper flap, was detached from the tumor and lower jaw, and thus the entire right side of the cavity of the mouth was laid open. The lower flap of integument was now dissected from the tumor and jaw, downward nearly to the os hyoides and trachea, during which two arterial twigs required ligation.

The bone being isolated at the symphysis and angle, sufficiently to admit one blade of the bone forceps, by separating it from the tissues attached to its inner surface, the left central incisor tooth was extracted, and Hey's saw applied to the mental portion externally, obliquely from the left side of the median line above to the right side below, so as to preserve the genial tubercles within, to which the anterior muscles of the tongue and the elevators of the os hyoides are attached, and thus obviate the necessity of transfixing the tongue by tenaculum or ligature to prevent suffocation from its retraction. The saw was next applied to the

angle, and the division of the osseous tissue at both points completed by the bone-forceps. The tumor was then separated from its remaining attachments by dissection within the mouth, where two more ligatures were applied to branches of the lingual artery, and the actual cautery employed at one or two points, which completely arrested the hæmorrhage.

On examination of the tumor and the chasm made by its removal, it was found that the adventitious mass—as here shown in a cut by Gihon, from a drawing by Dr. Jeremy Wilson—was en-



- a.* Sulcus, which received the teeth of upper jaw.
- b.* Posterior section of jaw.
- c.* Anterior section of jaw.

tirely abstracted, and that the surrounding tissues and organs had merely been pushed aside by it. The submaxillary and sublingual glands, as well as the muscles of the locality, were distinctly in view, although displaced, by the previous pressure of the tumor.

The bone at the points of section was perfectly healthy, al-

though unusually compact and hard, which somewhat embarrassed its resection.

The patient lost about twelve ounces of blood, but the pulse did not flag under the operation.

A silver plate, previously moulded to the teeth of the superior and inferior maxillæ of the left side by Dr. Ingram, was now applied, and the remaining portion of the lower jaw thus fixed in its proper position, when the wound was closed by the introduction of seven needles forming twisted sutures, adhesive strips being placed between. The space formerly occupied by the tumor was partly filled with dossils of lint, which restored the symmetry of the face, and a narrow bandage applied beneath the jaw and over the vertex prevented any displacement of the parts. Cold water dressings were ordered.

The patient was carried to his bed in an adjoining room; the pulse being 100 in the minute.

In the evening, pulse was 108; patient comfortable.

At 10 o'clock, P. M., pulse 120. Sol. morphiaë sulphat. $\text{f}\text{ʒ}\text{ij}$ administered.

Oct. 20th, 9 o'clock, A. M.—Has slept well; pulse 108, full and soft. Complains of no pain.

21st.—Pulse 98. Renewed the lint, and administered magnesia sulphat. $\text{ʒ}\text{j}$, which operated twice.

22d, 1 o'clock, P. M.—Exhibited patient to the class. Progressing favorably; the external wound has united throughout its entire extent, except where the arterial ligatures pass out. Needles removed and adhesive plasters renewed.

23d.—Again renewed the lint. Pulse 90, and all other symptoms favorable.

From this time forward the patient recovered rapidly.

The tumor was examined, and found to be homologous in structure, being an Enchondroma. The elementary constituents, as proven by the microscope, are benign in their character.

The patient was exhibited to the class on Saturday, Nov. 19th, and discharged cured. The line of incision being for the most part under the base of the face, can hardly be observed. The vertical section on the chin, not having extended through the prolabium, leaves but a trifling cicatrix. The contour of the face is not materially affected, and its symmetry very slightly interfered with.

BIBLIOGRAPHICAL NOTICES.

La Syphilisation étudiée comme méthode curative et comme moyen prophylactique des maladies vénériennes, par C. SPERINO, Agrégé à la Faculté Médico-Chirurgicale de Turin etc. Paris, 1853.

Syphilization studied as a Curative and Prophylactic measure in Venereal Diseases, etc.

No experiments have excited more interest amongst professional men, than those recently performed in Europe, to test the value of syphilization.

Without discussing the question whether syphilis was known to the ancients or not, we may state that an accurate knowledge of venereal diseases cannot be traced back further than John Hunter. His experiments, indeed, repeated and modified by Ricord, have led to the adoption of a system which has served as a basis for the diagnosis and treatment of all venereal diseases. The most important points Ricord established were :

1. That chancre and blennorrhagia are two distinct affections.
2. That only indurated chancres are followed by constitutional syphilis.
3. That only indurated chancres require a constitutional treatment.
4. That secondary affections are not inoculable.
5. That syphilis cannot be transmitted to animals.

Experiments performed by M. Auzias-Turenne, to test the truth of this last proposition, led him to the observation of the curious fact, that each successive chancre inoculated is smaller than its predecessor. Several inoculations performed on a medical student seemed to be followed by the same result ; and these gave rise to the doctrine of "syphilization," or the inoculation of syphilitic virus as a prophylactic measure against syphilis, and as a therapeutical agent for its cure. "If," says M. Auzias-Turenne, "each successive chancre is smaller than its predecessor, must we not ultimately arrive at a point in which the constitution is so impregnated with syphilitic virus as to be incapable of re-

ceiving new chancres?" An individual who has arrived at this point of syphilitic "saturation" he called *syphilized*; the process itself, syphilitic vaccination or *syphilization*.

Had the means of cure hitherto possessed, been found adequate to the treatment of all syphilitic diseases, syphilization would have attracted, at best, but a passing attention. But every one knows how many old syphilitic affections prove refractory under the usual method of treatment, and, therefore, every new agent proposed is always eagerly tried. The hope, too, of acquiring celebrity by discovering a new remedy for syphilis, excited many to enter upon the field of experimentation, whilst others were induced by the controversy to repeat Ricord's experiments on inoculation, with the view of testing their value. Thus originated the experiments on inoculation and the discussions on syphilization, which have so recently been agitating the profession abroad.

Amongst those who, without entering into the subject of syphilization, confined their experiments to inoculation, we may mention Prof. Waller, of Prague,* M. Vidal de Cassis,† M. Maisonneuve;‡ amongst those who made use of syphilization on patients, M. Auzias Turenne, M. Diday, of Lyons, and M. Sperino, of Turin. This latter observer, indeed, has recently published a complete work on the subject, containing not only all that up to the time had been written on syphilization, but also a report of ninety-six cases, in which this method was employed with great success. M. Sperino's work occupies over 800 pages, chiefly made up of the narration of cases. Of its contents, therefore, we can give but the merest sketch.

The author states in his preface, that his experiments were performed with the greatest care and precision, and the results

* Ueber den contagiösen character der secundaeren syphilis; Prague, 1851.

† Traité des Maladies Vénériennes; Paris, 1853.

‡ Traité pratique des Maladies Vénériennes. Par G. Maisonneuve, et Montonier; Paris, 1853.

Matter bearing on this subject will further be found in the Report of the Paris Commissions to the Prefect of Police. (Report à M. le Préfet de Police sur la question de savoir si M. le Dr. Auzias-Turenne peut être autorisé à appliquer la Syphilization à l'infirmerie de la Prison St. Lazars? par M. M. Melier, Ricord, Denis, Conneau et Marchal de Calais), and in Ricord's letter on Syphilis (Lettres sur la Syphilis; Paris, 1852.)

given with the loyalty of a man of honor. We are bound to believe him, although some of his facts seem almost incredible. He commences his work with a consideration of the value of inoculation, as applied to venereal diseases. Inoculation, he says, has been recently practised for seven different purposes :

1. To prove the existence of a syphilitic virus.
2. To distinguish true from false syphilitic diseases.
3. To establish the differences which exist between primary and secondary syphilitic affections.
4. To prove the efficacy of certain therapeutical agents called preservatives.
5. To ascertain if syphilitic diseases could be communicated to animals.
6. As a therapeutical measure against syphilis.
7. As a prophylactic agent against this disease.

We pass over the first five propositions (mentioning only that M. Sperino denies the difference between syphilis and blennorrhagia) and revert to propositions six and seven, or the value he attaches to inoculation as a prophylactic and therapeutical agent. Speaking of its efficacy he says in his Report to the Academy at Turin :

“ All recent chancres existing in women who were subjected to this treatment disappeared spontaneously a few days after the appearance of the artificial chancres. Indurated syphilitic ulcerations which had existed for two or four years, and had resisted a treatment by mercury, by iodide of potassium, or even by the acid nitrate of mercury, or the Vienna paste, cicatrized rapidly after a few inoculations with pus taken from the recent chancres of other women. Large and deeply rooted virulent ulcerations cicatrised a short time after inoculation, and, what is more astonishing, I saw in a woman who had a chancre and two inguinal buboes, in both of which, distinct fluctuation could be felt, the pus absorbed and disappear in a few days after the inoculation on the abdomen of several artificial chancres. Mucous tubercles existing at the same time with the chancres, disappeared under the powerful action of inoculated virus. A large ulcer situated on the posterior portion of the pharynx, healed up after the 5th inoculation. In one woman herpiginous ulcers having their seat on the right leg cicatrized rapidly, whilst, at the same time, the pains in the frontal bone disappeared after the development of the artificial chancres.

The harmlessness and the advantage of syphilitic inoculation, became at last so well known to the patients, that they themselves, forgetting their reluctance to the first trials, begged me to syphilise them, as their companions had been thus cured.”

The method of producing the artificial chancres consists in puncturing the skin with a lancet, on which venereal matter has been collected. The place best suited is the thigh or abdomen. The chancres thus produced do not differ in appearance from ordinary chancres, except that, after repeated inoculations, they become smaller. The number of inoculations necessary to produce syphilization we do not find mentioned; in some cases five, in others sixty or more seem to have been necessary. The cicatrices of these artificial chancres are very superficial, except when they become gangrenous. During the treatment by syphilization, baths and purgatives were freely employed; the cicatrices were dressed with simple cerate.

Now follows the report of ninety-six cases cured by syphilization. To attempt a full analysis of these cases would carry us far beyond the limits assigned to a review; we therefore select but one of the most striking and interesting. (Observation I, p. 116.)

"Julia P., age 22, of a sanguine-lymphatic temperament and excellent constitution, entered the hospital on the 29th of January, 1851.—She has on her body several chancres, viz., an urethral chancre, evidently indurated, a chancre in the fossa navicularis in size about 12 millimetres and also indurated, and two large and irregular chancres situated on the sides of the urethra. It is the second syphilitic infection under which she labors. In 1845 she had an indurated chancre on the vulva, accompanied with a bubo in the groin, and mucous tubercles around the arms and vulva. She was then treated with 40 mercurial inunctions. Constantly returning vegetations obliged her to remain in the hospital during the whole of the year 1846. As excision and cauterization did not prevent their reproduction, I subjected her to a new treatment by inunction. But even this did not triumph over the "vegetative" power of the vulvo-vaginal mucous membrane. The vegetations finally yielded to deep incisions and repeated cauterizations. Since 1845 up to this day, she has been sent nine times to the hospital with chancres, twice complicated with urethral blennorrhagia, and which have always been cured by a simple local treatment.

20th of January, 1851, (the day she entered the hospital,) an inoculation was made on her left thigh, with the pus taken from her other chancres; a large pustule was the result, which soon changed into a syphilitic ulcer; the inoculation was repeated on the 31st, and another pustule was the result.

27th of February.—These two artificial chancres are cicatrized. Their size is not over eight millimetres. Three of the chancres on the vulva are in progress of cicatrization, and have diminished already considerably—namely, the one on the fossa navicularis and the two occupying the side

of the urethra. The one situated on the canal and the orifice of the urethra is still virulent, as three inoculations made with the pus it secretes produced three pustules."

3d of March. Two more inoculations which were repeated on the 10th and 13th, with the pus taken from artificial chancres of another woman. We have now altogether 6 chancres produced by inoculation.

20th of March. The 6 chancres produced from the three last inoculations are still open; their size varies between three and six millimetres. They are very superficial.

The chancres on the sides of the urethra, as well as the one in the fossa navicularis, have headed. The urethral chancre is in process of granulation, but its induration still persists. Four more inoculations made with the pus taken from the chancre of another woman, who had just entered the hospital, produced no effects.

3d of April. Four more inoculations; no result.

10th of April. All the artificial chancres are cicatrized.

21st of April. Three more inoculations; three more chancres.

28th of April. Two more inoculations; no result.

29th of May. Three more inoculations on abdomen, and two on the internal surface of the nymphæ; no result.

29th of June. Julia P. has been received into the hospital as a nurse. The induration of the urethra has not completely disappeared. Some fungosities still remain in the urethral canal; they are touched from time to time with the nitrate of silver. It is thought advisable to continue from time to time the inoculations with the view of producing a complete syphilization. On the seventh of July two new inoculations without result. On the twentieth of July, six new inoculations without result.

31st of December, 1852. Julia P. is still in the hospital as a nurse. Her health is excellent, and she has never had the slightest symptoms of constitutional infection. In conclusion I may remark, that in this case I observed two indurated chancres separated from each other by long intervals of time. The first appeared under the use of mercurials; the second by syphilization. I know that this case will find many incredulous persons amongst the followers of Ricord, but truth should triumph over all theories."

This is certainly a case which, if correctly stated, would tend to prove the efficacy of syphilization. If the second chancre was really indurated, it ought, according to the doctrines of Ricord, to have been followed by a constitutional syphilis at furthest within six months after the primary affection; whilst M. Sperino had an opportunity of examining the patient for nearly two years, and could observe no secondary symptoms.

We might add several more of these cases, and especially those of inveterate constitutional syphilis, in which this treatment

seems to have been employed with great success, (see pp. 248, 337, 475,) but we can here but notice the principal facts they contain, which are mostly in direct opposition to the doctrines of Ricord, and may be grouped together as follows:

1. Indurated chancres are often followed by suppurating buboes.
2. Non-indurated chancres may be followed by constitutional syphilis.
3. Blennorrhagia may give rise to constitutional syphilis.
4. Syphilization will cure when mercurials and Iodide of Potassium fails.

Out of the ninety-six cases Mr. Sperino reports, we have fifty-three affected with primary, and forty-three with constitutional syphilis. Of these fifty-three cases of primary syphilis, fifty were treated by syphilization, and only in two the treatment was unsuccessful. In one case mercurial treatment was employed at the same time. Out of the forty-three cases of constitutional syphilis, six were treated by syphilization and the iodide of potassium; eight by means of syphilization, iodide of potassium, and mercury; two died, leaving twenty-three cases cured by syphilization only. A careful examination of the history of the patients affected with primary syphilis will show that a great many had non-indurated chancres, which probably would not have given rise to any constitutional syphilis, and which would have recovered under a simple local treatment. In the cases of secondary syphilis, syphilization seems to have proved singularly efficacious, and yet the occurrence of phagedenic ulcers after inoculations, (a circumstance which M. Sperino himself admits,) makes even here the remedy but little less dangerous than the disease. The time employed for this treatment varies: one case was cured in less than a month; four in one to three months; seven, three to six months; eight, six to nine months; eight, nine to twelve months; twenty-one, twelve to fifteen months; whilst twenty-seven required from fifteen to seventeen months. A much longer period than would tend to prove the efficacy of syphilization by any of the ordinary treatments.

With these tables of the time employed, M. Sperino terminates the most important part of his work. The succeeding chapters are lengthy and tedious. They consist mainly in a continued

repetition of what has already been said, and in an abuse of Ricord and his followers. M. Sperino toils, too, to prove that in all cases in which syphilization did not succeed after repeated inoculations, it could be attributed to some fault in inoculating. He endeavors, indeed, to show that the celebrated case of Dr. L——* who after more than two hundred inoculations, was not yet syphilized, could be attributed to this. We will not follow M. Sperino in the terminal chapter of his book, which are devoted to an analysis of all the writings on syphilization, and to a correspondence between himself and several syphilographers. The most important conclusions M. Sperino arrived at, he himself states to be:

1. Syphilization will cause the symptoms of primary syphilis to disappear.

2. Syphilization, instead of being rejected as a prophylactic measure of primary syphilis, ought, on the contrary, to be carefully studied in this point of view, as we have but a small number of individuals completely syphilized, who have contracted a new infection.

3. Syphilization ought, as much as possible, to be limited to the treatment of constitutional syphilis until we are certain that syphilization prevents the syphilized from contracting a new infection.

With these general deductions the work of M. Sperino terminates. As to the truth of the principles on which the doctrines it professes are based, we refrain from giving an opinion. A work containing a report of cases and with the motto *non verbis, sed factis*, can only be refuted with a sufficient number of facts demonstrating the contrary. Whether repeated inoculations make it impossible for new chancres to be contracted, future researches will show. We have now already some observations (as the one of Dr. L——,) which will tend to show the fallacy of even this view. As a therapeutical measure we do not see, even if the statement of the cases be correct, any advantage syphilization possesses in efficacy or in shortness of duration over the remedies we at present employ. As a prophylactic measure it

* Dr. L—— was presented to the Academy in Paris, in June, 1853, by M. Ricord, and a report read on his case.

is highly dangerous and demoralizing, and we agree with Ricord in his exclamation at the Academy :

"If, after all, syphilization, as it is *at present* presented to us, should be true, it ought, nevertheless, to be legally prohibited as a prophylactic measure, and rejected as a treatment."

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By JAMES PAGET, F. R. S., late Professor of Anatomy and Surgery to the College, Assistant Surgeon and Lecturer on Physiology at St. Bartholomew's Hospital. Philadelphia. Lindsay & Blakiston, 1854. 8vo. pp. (with index) 699.

This book consists of a series of lectures delivered by Mr. Paget, a few years since, in the chair of Anatomy and Surgery in the Royal College of Surgeons of England. Some of them have already appeared in other forms. But their popularity has happily induced the author to amplify and revise them, and present them in this shape to the profession.

The title of the work is hardly expressive of its scope and value. It is, indeed, nominally restricted to the pathology of diseases which belong, in treatment, to the domain of surgery rather than of medicine. But it is really illustrative of the general subject of pathology, and will be read with equal interest and instruction by both the physician and the surgeon.

Mr. Paget has long been ranked among the foremost minds of the profession in Great Britain. And his pursuits have perhaps especially fitted him for such a subject as that of this book. "Engaged in the simultaneous practice of surgery and teaching in physiology,"—formerly Professor of Anatomy and Surgery, and now Lecturer on Physiology—he has certainly enjoyed particular advantages for "illustrating the general pathology of the principal surgical diseases, in conformity with the larger and more exact doctrines of physiology." These advantages have been admirably turned to account in the masterly work which now commends itself to the notice of the American profession.

The subjects treated in these lectures are the following:—
1. Nutrition, its nature, purpose, and conditions. 2. The conditions necessary to healthy nutrition. 3. The formative process; Growth. 4. Hypertrophy. 5. Atrophy; Degeneration.

6. Atrophy. 7. General considerations on Repair and Reproduction. 8. The Materials for the Repair of Injuries. 9 and 10. The process of the Repair of Wounds. 11. The Repair of Fractures. 12. The Repair of Injuries in various tissues. 13. Phenomena of Inflammation. 14. Products of Inflammation. 15. Developments of Lymph. 16. Degeneration of Lymph. 17. Changes produced by Inflammation in the affected part. 18. Nature and Causes of Inflammation. 19. Mortification. 20. Specific Diseases. 21. Classification of Tumours. 22. Simple or Barren Cysts. 23. Compound or Proliferous Cysts. 24. Fatty and Fibro-Cellular Tumours, Painful Subcutaneous Tumours. 25. Fibrous Tumours. 26. Cartilage Recurring Fibroid and Fibro-nucleated Tumours. 27. Cartilaginous Tumours. 28. Myeloid and Osseous Tumours. 29. Glandular, and Vascular or Erectile Tumours. 30. Scirrhus or Hard Cancer. 31. Medullary Cancer. 32. Epithelial Cancer. 33. Melanoid, Hæmatoid, Osteoid, Vil-lous, and Colloid Cancers. 34. General Pathology of Cancer. 35. Tubercle.

We cannot attempt to follow Mr. Paget through these subjects in detail. His views, however, on the highly interesting subjects of the origin, progress, and products of inflammation, deserve to be presented somewhat in extenso.

Mr. Paget thus sums up his conclusions as to the circumstances which may determine the characters of an inflammatory exudation to be adhesive or suppurative.

“To sum up, then, what may be concluded respecting the conditions that, in the first instance, may determine the adhesive or suppurative characters of an inflammatory exudation; they are, 1st, The state of the blood,—its diathesis or crasis,—the power of which is evident in that the same material may be exuded in many inflamed parts in the same person; in that this material may exhibit peculiar characters correspondent with those of the blood itself; and in that, in different persons, an inflammation excited in the same tissue, and by the same stimulus, will produce different forms of lymph, corresponding with differences of the blood. 2d, The seat of the inflammation, and the tissue or organ affected; of which the influence is shewn by cases in which, with the condition of blood, different forms of lymph are produced in different parts or organs. 3d, The severity, and acute or chronic character, of the inflammatory process, according to which the product deviates more or less from the character of the natural secretion or blastematous effusion in the part.

"The primitive character or tendency of any case of inflammation might be represented as the resultant of three forces issuing from these conditions."

As regards the products of inflammatory exudation, we find the following remarks :

"*Fibrous Tissue*, as the result of the development of lymph, is found when the exudation is interstitial in any fibrous tissue ; as in ligaments, capsules of joints, and the like. The best examples of it are in the laminated and nodular thickenings of the capsule of the spleen, or the thickening and induration of the periosteum, or the capsule of the hip-joint in chronic rheumatic arthritis. In all these cases the new material is derived from repeated, but not acute, inflammations ; therefore, probably, though excessive, it is not widely different from the normal material for nutrition ; and, the conditions for nutrition being little disturbed, it is developed into the exact likeness of the original texture with which it is intermingled and confused.

"As the fibro-cellular and fibrous tissues, formed from inflammatory lymph, become more perfectly organized, they are prone to contract ; imitating the contraction already described in granulations and scars (p. 236). Hence, in part, the contraction of the wall of the chest after pleurisy, and the various displacements and deformities of organs that have become adherent to adjacent parts ; hence, in part also, the contractions of inflamed organs, as of the liver in cirrhosis ; hence, too, an addition to the rigidity of joints when the parts around them have been inflamed ; and hence, with yet greater mischief, the contractions of the thickened valves and tendinous cords of the heart.

"*Adipose Tissue* may be formed, if not directly from inflammatory lymph, yet in the fibro-cellular tissue of completely organized adhesions. I think it is not often so formed ; but, lately, Dr. Kirkes found a lung of which all the anterior part was covered with well-organized false membrane ; and in part of this was a quantity of perfect adipose tissue, more than four ounces in weight.

"*Elastic Tissue* is sometimes abundantly formed in the adhesions developed from inflammatory lymph. I have not seen it except in such as are completely organized ; and I think it is, in this case, as in the formation of scars, a late production. I believe, also, with Virchow, that its formation depends, in some measure, on the membrane that is inflamed ; pleural adhesions being most favorable to it. In these it is often abundant ; its principal, but always slender, filaments lying in the same general direction as those of the fibro-cellular tissue.

"*Epithelium* I have already mentioned as covering the surfaces of well-formed adhesions. I know of no observations proving whether the epithelial cells are developed directly from the lymph, or are a later construction from materials derived from the blood of the adhesion's vessels ; but it is not rare to find, in inflammation of serous membranes, recent lymph-cells presenting many characters indicative of development towards epithelium ; flattened and enlarged, and having circular or oval clear nuclei.

"Bone is often formed from inflammatory lymph. It may appear as a late transformation of lymph that has been organized into perfect fibrous tissue ; as in the osseous plates that are sometimes found in the false membranes of the pleura, or in the pericardium. In most of these, however, there is not true bone, but an amorphous deposit of earthy matter, which is imbedded in the fibrous tissue, or which (as Rokitansky holds) is the residue of the degenerated and partially absorbed tissue."

Again, on the formation of blood-vessels in effused lymph :

"1. The direct observations supposed to prove that blood is formed in lymph are very liable to fallacy, through the facility with which blood may be accidentally mixed with the lymph, in consequence of hæmorrhage during life or after death, or in the preparation of the specimens. Where these sources of fallacy have been avoided, I have never seen anything suggestive of a transformation of lymph into blood.

"2. The development of blood from tissue-cells is limited, naturally, to the earliest period of embryo-life, as if it needed the greatest amount of force for development ; afterwards, blood is not formed except through a long process of elaboration, and with the aid of many organs. Its formation, therefore, in the mal-conditions of inflammation is very improbable.

"3. In no specimen of inflammatory lymph have I seen appearances of transitions from lymph-cells to blood-cells, such as we may see in the lymph of the lymphatics, both before and after it is poured into the blood-vessels.

"4. Neither in any lymph have I seen appearances of such stellate cells as the interstitial bloodvessels of the early embryo are formed from ; nothing comparable with them has ever come into view.

"5. In the formation of vessels for granulations and the walls of chronic abscesses, all is favorable to the belief that they grow up from the bloodvessels of the adjacent parts ; and there are no structures to which the lymph bears so close analogy as it does to these, or to which it is so likely to be conformed in the production of its vessels.

"On the whole, therefore, although direct observations are wanting, I think we may conclude that all the vessels of inflammatory lymph are formed by outgrowth from adjacent vessels, as in the process of repair, and that through these vessels, not by its own development, it derives its supply of blood."

We conclude these extracts with Mr. Paget's views on the intimate nature of inflammation.

"If we consider the quantity of organic formation effected during the inflammatory process, in the proper substance of the inflamed part, it is evidently less than in health. All the changes described in the last lecture are examples of diminished or suspended nutrition in the tissues of the inflamed part ; they are all characteristic of atrophy, degeneration, or death. The tissues become soft, or quite disorganized ; they are relaxed and weakened ; they degenerate, and remain lowered at once in structure, chemical composition, and functional power ; or else, after

degeneration, they are absorbed, or are disintegrated, or dissolved, and cast out ; they die in particles or in the mass. During all the process of inflammation there is no such thing as an increased formation of the natural structures of the inflamed part ; they are not even maintained ; their nutrition is always impaired, or quite suspended. It is only after the inflammation has ceased that there is an increased formation in some of the lowly organised tissues, as the bones and cellular tissue.

“ So far, then, as the proper substance of the inflamed part is concerned, there appears to be decreased action ; that is, decreased formation. There may be, indeed, an increased absorption ; but this is also, in one sense, characteristic of decreased exercise of vital force ; since all absorption implies a previous degeneration of the part absorbed. Nor can we justly call this, in any sense, ‘ increased action,’ till we can shew how absorption is an action of vessels.

“ Thus far, one of the constituents of the inflammatory process, one of the characters in which it differs, in respect of quantity, from normal nutrition, is a defect in the nutrition of the proper substance of the inflamed part.

“ But it is characteristic of the complete process of inflammation, that, while the inflamed structure itself suffers deterioration, there is a production of material which may be peculiarly organized. Here, therefore, may be an evidence of increased formation, of increased action.

“ Doubtless, in relation to the productive part of the inflammatory process, the expression “ increased action ” may be in some sense justly used ; for the weight of an inflamed part, or of the material separated from it, may be much increased by the formation of organized matter. But the quantity of organized matter formed in an inflammation must not be unconditionally taken as a measure of increase in the exercise of the vital forces ; for it is to be observed, that the material formed presents only the lowest grades of organization, and that it is not capable of development, but rather tends to degeneration, so long as the inflammation lasts.

“ It may be but a vague estimate that we can make of the amount of force exercised in any act of formation ; yet we may be sure that a comparatively small amount is sufficient for the production of low organisms, such as are the fibrinous and corpuscular lymphs of inflammation. The abundant production of lowly organized structures is one of the features of the life of the lowest creatures, in both the vegetable and animal kingdoms. And, in our own cases, a corresponding abundant production is often noticed in the lowest states of vital force ; witness the final inflammations, so frequent in the last stages of granular degeneration of the kidneys, of phthisis, of cancer, and other exhausting diseases. In all these, even large quantities of the lowly organized cells of inflammatory lymph may be formed, when life is at its last ebb. And with these cases those correspond which shew the most rapid increase of tubercle and cancer, and of lowly organized tumors, when the health is most enfeebled, and when the blood and all the natural structures are wasting.

“ From these considerations we conclude that the productive part of the inflammatory process is not declaratory of the exercise of a large amount of formative or organizing force ; and this conclusion is confirmed by observing that development, which always requires the highest and most favored exercise of the powers of organic life, does not occur while inflammation lasts. The general conclusions, therefore, may be, as well from the productive, as from the destructive, effects of the inflammatory process, that it is accomplished with small expenditure of vital force ; and that even when large quantities of lymph are slowly organized, such an expression as ‘ increased action ’ cannot be rightly used, unless we can be sure that the defect of the formative power, exercised in the proper tissue of the inflamed part, is more than counterbalanced by the excess employed in the production and low organization of lymph.

“ It may be said that the signs of inflammation are signs of increased action. But these are fallacious, if again, by increased action be meant any increased exercise of vital force. The redness and the swelling of the inflamed part declare the presence of more blood ; but this blood moves slowly ; and it is a quick renewal of blood, rather than a large quantity at any time in a part, that is significant of active life. An abundance of blood, with slow movement of it, is not characteristic of activity in a part ; it often implies the contrary, as in the erectile tissues, and the cancellous tissue of bones.

“ The local increase of heat is too inconstant to afford ground for judging of the nature of inflammation. When manifest, it is not, I think, to be exactly compared with that of an actively growing part, or of one which is the seat of ‘ determination ’ of blood, or of ‘ active congestion. ’ In these cases the heat is high, chiefly because the blood, brought quickly from the heart, is quickly renewed ; but in an inflamed part the blood is not so renewed ; it moves more slowly. The heat may, indeed, be in some measure ascribed to this condition ; for the quickly moving blood around the inflamed part may communicate its heat to that which is moving more slowly. But the proper heat of inflammation (I mean that which is measureable by the thermometer) cannot, I think, be wholly thus explained. Some of it is probably due to the oxidation of the degenerating tissues ; a process which we might safely assume to be rapidly going on in the more destructive inflammations, and which is, indeed, nearly proved by some of the evidences of the increased excretion of oxidized substances in inflammations, especially by the increase of phosphates in the urine during inflammation of the brain. It is far from proved, indeed, that this source of heat is sufficient for the explanation of the increase in an inflamed part ; and it may be at once objected that we have no evidence that the hottest inflamed parts are those in which the most destructive processes are going on. Still, in relation to the question, how far the increased heat is a sign of the quantity of formative force that is being exercised, we may argue that, as the general supply of heat in our bodies is derived from oxidation or combustion of wasted tissues or of surplus food, so, in these local augmentations of heat, the source is rather from some similar destruction of or-

ganized substances, than from increased formation of them. If it be so, increased heat will give no ground for regarding the inflammatory process as the result of a greater exercise of formative force than is employed in ordinary nutrition; none for speaking of it as increased nutrition, or increased action. Rather, this sign may be added to the evidences that the inflammatory process presents, of diminished formative force, and of a premature and rapid degeneration, in the affected part."

The Medical Formulary: being a Collection of Prescriptions, etc., etc. By BENJAMIN ELLIS, M. D., late Professor of Materia Medica in the Philadelphia College of Pharmacy. *Tenth Edition, Revised and much Extended.* By ROBERT P. THOMAS, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy. Philadelphia, Blanchard & Lea. pp. (with index) 296.

This standard old favorite is here introduced for the *tenth* time to the American profession, under the editorial supervision of Dr. R. P. Thomas. Numerous improvements and additions have been introduced, and "all the formulæ embracing officinal articles have been brought to the standard of the National Pharmacopœia."

Yellow or Malignant Bilious Fever in the Vicinity of South Street Wharf, Philadelphia, 1853. By WILSON JEWELL, M. D. pp. 40.

Dr. Jewell's valuable and interesting report on the Yellow Fever which prevailed in our city last summer, (as read before the College of Physicians, Aug. 3 and Sept. 7, 1853,) is here presented in pamphlet form. Our readers have already had the benefit of a synopsis of this report in the editorial columns of our journal for September and November. The more detailed history of the Fever, however, as contained in the report, should be generally read.

A Treatise on the Venereal Disease. By JOHN HUNTER, F. R. S. *With Copious Additions.* By Dr. PHILIP RICORD. *Edited with Notes.* By FREEMAN J. BUMSTEAD, M. D., Physician to the North-Western Dispensary, New York. Philadelphia: Blanchard & Lea, 1853. 8vo. pp. (with index) 520.

This many-headed book presents us the great Treatise of John

Hunter on the Venereal Disease, surrounded with a rather complicated net-work of "notes and additions." The original treatise of Hunter (of the edition of Mr. G. G. Babington, and including the contributions of Sir Everard Home,) was published in Paris in 1840, with annotations by M. Ricord. The volume before us consists of a translation by Dr. Bumstead of M. Ricord's annotations, and a reprint of Mr. Babington's edition, with notes and additions by the American editor. The additions to the original text are thus four-fold; and the usual editorial brackets present the rather startling array of interpolated names—"RICORD," "HOME," "EDITOR," and "G. C. B."

Exception may, we think, be not unreasonably taken, in some particulars, to this mosaic style of publication. But we must admit that an acceptable service has been performed in presenting this book to the profession. The observations of John Hunter on the Venereal Disease, must, as Mr. Babington justly observes, "always form an essential part of the study of every surgeon who wishes to make himself acquainted with the disease of which it treats;" and upon the value of the facts and opinions of Ricord, which are engrafted on it, we need not dwell. The notes and additions of the American editor are judicious and interesting. An index has been added, too, which cannot fail to increase the usefulness of the work.

THE MEDICAL EXAMINER.

PHILADELPHIA, DECEMBER, 1853.

VALEDICTORY.

With this number the connection of the present editors with the Medical Examiner ceases. In terminating an editorial career which has extended through many years, and which, with one of the editors, dates from the foundation of the Journal, we beg to express our warm acknowledgements for the constant professional support that has encouraged and lightened our labors; and to tender a respectful and most cordial parting salutation to the *readers*, with whom we have so long communed. In reverting to the editorial conduct of the Journal which now passes from our control, we feel that we may at least take the credit of a steadfast and uniform endeavor to maintain in its columns the rights and honor of our Profession, and to advance the great objects of medical science.

Dr. SAMUEL L. HOLLINGSWORTH will assume the editorial duties of the Medical Examiner, from the commencement of the ensuing year. We have the sincerest pleasure in resigning our position in his favor, for we know no one better qualified by talents, acquirements, experience, and social and professional station, to maintain and increase the efficiency and reputation of the Journal. In its prosperity we feel the deepest interest, and our connection with it will always be among the most agreeable of our professional retrospects.

HARVEY DEMONSTRATING THE CIRCULATION.

Though the politeness of Messrs. C. J. Price & Co., of Philadelphia, we have received a copy of a print bearing the above title, and desire to call the attention of the medical profession to it as a work of art.

The object of this work is, by furnishing a pictorial record of an incident in the life of a great man, to extend a knowledge of one of the most important discoveries in science, and to keep alive in the hearts of all who admire genius, gratitude to the memory of one of the greatest discoverers. Nothing seems more obvious, or more readily understood, than the function of the heart; but, until the time of Harvey, it was involved in the greatest obscurity, and mixed up with all manner of contradictory absurdities. And yet before his day many

things were made out; the pulmonary circulation was understood, and several other essential points had been established; still the great inference had never been drawn. So often are we on the very threshold of a discovery, which by some fatality we miss; and, when it is at length made, can only express our astonishment that we were so marvellously purblind as to overlook it. The same services which Newton rendered to optics and astronomy, by his theories of light and gravitation, Harvey conferred upon anatomy and medicine by his doctrine of the circulation of the blood.

The scene represents Harvey's apartment in the palace. The king is seated in the front of the picture. The courtier who stands behind him, with his hand familiarly resting on the back of his chair, indicates the attachment and devotion of the cavaliers in those times of danger to the king. The skull and the nearly spent hour-glass behind this group may have a meaning to the moralist. The close proximity of the young prince to the philosopher indicates the gentle character of the man, and the inoffensiveness of the operation. The prince has suspended the perusal of Harvey's favorite author, for the greater excitement of his friend and tutor's demonstration. The extreme fondness for anatomical studies which in after-life characterized both Charles II. and James II. is thus explained.

The courtier behind is one of that class of gentlemen who, in reference to the advancement of social and philosophical conditions, "cares for none of these things;" he is permitting himself to be entertained by some of Harvey's opponents. These are incarnations of pedantic bigotry and stolid imbecility—the two great opponents of scientific progress—who, by insult and obloquy, show their hatred of him who dares, by asserting truth, unsettle their long-cherished absurdities.

The artist has taken great pains to preserve the likeness of Harvey, and was guided by the excellent portrait by Cornelius Jansen, in the College of Physicians, the authorities of which most kindly placed that and all the college contained concerning Harvey at his disposal.

The picture is the property of Joseph Hodgson, Esq., F. R. C. S., of Westbourne Terrace, Hyde Park, and has been reproduced in this country by Mr. G. S. Appleton, of New York.

MEDICAL NEWS.

DEATH FROM CHLOROFORM DURING ITS ADMINISTRATION PREVIOUS
TO AN OPERATION FOR HERNIA.

[Under the care of Mr. QUAIN.]

Mr. Hillier, the resident Medical officer, has favored us with the following particulars of a case of death from chloroform which occurred recently. The administration of the drug was, as usual, under the care of Mr. Hillier, according to his appointment at the hospital. It will be seen, that the patient had been of intemperate habits; and, as the autopsy revealed, the subject of extensive fatty degeneration of the muscular structure of the heart, and that, previous to the administration, she had been nearly three day's ill, fasting, exhausted, and suffering ultimately from acute peritonitis. These considerations make the fatal result quite comprehensible.

Particulars, etc.—E. R., aged 40, a woman of moderate height, rather thin. Her general health has been pretty good; she had not been liable to palpitation or dyspnoea. Had been in the habit of drinking pretty freely. Admitted on October 5, at 11 p. m. She was suffering from the symptoms of strangulated femoral hernia, which had existed two days and a-half. Efforts were made to reduce the hernia, both without and with a warm bath, in which she was for upwards of half an hour, without getting very faint. These efforts being unsuccessful, an operation was at once determined on. Her pulse was at this time regular, and of tolerable strength.

Chloroform was administered in the usual way, on a piece of lint, which was held at first three or four inches from the patient's face, and then brought to within an inch and a-half of her nose and mouth, leaving space around for the admission of air.

For three or four minutes nothing unusual presented itself; the pulse and respirations proceeded normally. There was put on the lint, at first, one fluid drachm of chloroform; and, at the end of three or four minutes, 40 minims more were added. This was the whole quantity of chloroform employed. Within a minute after the second quantity of chloroform was added; the patient struggled violently both with her arms and legs. During these struggles I was holding her right hand, and was unable to feel the pulse, in consequence of her constant motions. The struggling lasted about a minute, and, on its ceasing, the patient commenced to breathe with loud, rough stertor. I at once removed the lint from before the face, and felt for the pulse, which I could not find. Immediately cold water was dashed on to her face. She breathed with this stertor for two or three short inspirations, and then two or three

long ones, and then breathing ceased. Immediately artificial respiration was resorted to, and within a minute galvanism was applied to the back of her neck and the diaphragm. Under the influence of these agencies, the patient gasped about three times at intervals; after this no further signs of life were exhibited.

Tracheotomy was resorted to at the end of a few minutes, and the artificial respiration continued through this opening for about three-quarters of an hour.

At the time when the stertor commenced and the pulse failed, the pupils were dilated, and the face of the patient was only slightly altered. Her tongue was not retracted, for one of the bystanders at once put his fingers into her mouth to ascertain this.

Chloroform from the same bottle had been administered by me on the same day to five patients, in the same manner, without any unpleasant results.

Autopsy made by Dr. Garrod, thirteen hours after Death.—Rigor mortis well-marked in all the limbs. The blood very fluid in all parts of the body.

Abdomen very tympanitic; diaphragm extends up to opposite the fourth rib on the left side, and to third interspace on the right. About an ounce of colorless fluid in the pericardium. The heart quite collapsed and empty,—this may have been due in some measure to the fluidity of the blood.

Anterior aspect of heart covered with fat, muscular substance being visible at one or two points only.

Weight of heart, $7\frac{1}{4}$ oz.; valves healthy. Walls of right ventricle flabby and pale; mean thickness, one-eighth of an inch. At some parts, the muscular substance is in a very thin layer, being much encroached on by fat. In several places, there is scarcely any muscular fibre visible. This is chiefly the case near the apex. Examined by the microscope, much fatty degeneration of the muscular fibres of the right ventricle generally was discovered.

Wall of left ventricle flabby, dry in appearance and pale; very friable.

Old adhesions on both pleuræ. No appearance of atheroma in thoracic aorta. Both lungs crepitant throughout; not much engorged.—Brain not congested. The arachnoid exhibited marks of chronic thickening and opacity.

The intestines, above the strangulation, were much distended with flatus, and inflamed. The strangulated portion was of a very dark color, and had blood effused into its coats.

Liver, kidneys, and spleen normal.

[*Note.*—We are sorry to have to state, that another death from chloroform has occurred since the above was written. The patient, a woman, aged 19, suffering from rodent ulcer of the vagina, under the care of Mr. Paget, in St. Bartholomew's Hospital, died on Thursday afternoon. The intended operation was the application of the actual cautery. We shall give further particulars next week.]—*London Medical Times*, October 22, 1853.

DEATH UNDER CHLOROFORM.—About a fortnight ago, while the students were assembled in the operating theatre of the Infirmary, to see Mr. Syme's operation of perineal section performed by Dr. Dunsmure, and while chloroform was being administered preparatory to the operation, the patient suddenly expired. Every expedient that was possible under the painful circumstances was immediately resorted to by Dr. Dunsmure and his colleagues, but, unfortunately, without effect. I cannot but think, that a great error in the administration of chloroform prevails in the hospital here. Sufficient precautions are not used to allow a free admixture of atmospheric air with the anæsthetic. When this is attended to, the patient can be put under the influence of the drug more easily and with less suffering to himself, and can be kept under it for many hours consecutively. In hospital practice its administration is commonly entrusted to some raw dresser, who thinking he cannot give enough of a good thing, squeezes a towel saturated with it over the mouth, where it is kept firmly applied, so that the admixture of chloroform with atmospheric air is rendered impossible.—*Ibid*, October 15th.

RECORD OF MEDICAL SCIENCE.

PATHOLOGY AND PRACTICE OF MEDICINE.

On the application of Tincture of Iodine as an ectrotic remedy in Small Pox. By JAMES CRAWFORD, M.D., *Professor of Clinical Medicine, McGill College, and Physician to the Montreal General Hospital.*

It is now upwards of nine years since I first recommended the application of tincture of iodine as an ectrotic remedy in small pox, and although I observe that the suggestion has been noticed by Dr. Copland, in his Dictionary of Medicine, and by Dr. Dunglison, in his work on Therapeutics, and also by some others in the United States, I would nevertheless desire again to draw the attention of the medical profession to the benefit that a more extended experience has convinced me would follow a general application of the remedy.

Epidemics of the dangerous malady of small pox, have been fortunately

rare amongst us, and therefore the opportunity of further testing this remedy had not been afforded me, till the latter end of the last year, and earlier months of the present, during which period I have had occasion to treat, both in hospital and private practice, several cases of very grave variolous disease, and would desire to lay my further experience before the profession, anxious that a fair trial and just estimate of the application should be made, while I feel fully confident that it will maintain the reputation I have deemed it deserving of. I would here appeal to those who have seen much of the natural small pox, or its effects, how few cases escape pitting and unseemly scars, when the disease is allowed to run its course without interference, and I would ask, how many attempts have been made in consequence, to supply an ectrotic remedy, and how difficult of application, or disagreeable, and even inefficacious, are any that have been hitherto recommended. The Herculean undertaking of cauterizing the several individual pustules, in severe cases, quite precludes its application. I have reason to think the compound tincture of iodine, a very powerful and efficacious remedy, which has been tried with very satisfactory results in the Montreal General Hospital, by my friend Dr. Campbell, but from my being under the impression that the addition of the hydriodate of potass caused more pain, I have not employed this form. The disagreeable mercurial mask, the inefficacious covering of gold leaf, cotton, or collodion, are now in a great measure laid aside. I stated formerly, on the occasion of my first suggestion of this application, in the Medical Gazette published in this city in 1844, that I was led to try it in small pox from the very marked benefit I had derived from its use in erysipelas, and various other cutaneous diseases, for several years previously. I was then satisfied of its *anti-phlogistic* powers and *soothing* effects, and trusted that a more general employment of it in variola would establish its claims to general confidence.

During the late epidemic of variola, I have had several opportunities of trying its powers, and my cases have been observed by many members of the profession, to whom the issue has afforded every satisfaction. I have reason also to know, that several medical practitioners have followed my example with success, while others have made only a very *imperfect* and *insufficient occasional* application, which neither could afford a satisfactory result, nor determine the advantages derivable from it.

I have been favored with the opinion of several physicians of this city, of the highest standing in the profession, on the advantage of using this remedy, which I subjoin.

The application I have used is a saturated solution of iodine, in spirit of wine, *which is to be brushed freely over the face once or twice daily, from the earliest day of the eruption that is practicable, and continuing the repetition of the application daily, or oftener, during the period of the maturation of the pustules. The earlier the application is commenced the more efficacious it proves. The inflammatory and ulcerative processes are controlled, and the intolerable itching relieved, by which means scratching, and its evil consequences, are obviated. For some time I was disposed to confine the application to the face, as being the part*

most disposed to ulceration and pitting, as well as that most desirable to be preserved from marks. I have, however, on many occasions applied it to various other parts, for the sake of experiment, or contrast, and also to relieve the intolerable pruritus, and have even extended it over nearly the whole body, at the patient's desire, without any evil consequence or inconvenience from the most extended application. The relief it affords to the itching, (if it conferred no other boon), would of itself be a sufficient recommendation of the application. Its antiphlogistic and febrifuge properties, however, are very manifest, and I have no doubt *modify* and *moderate* the *fever*, and thereby operate in a most salutary manner. The medical treatment I have combined with it is so simple and mild, that a great deal cannot be attributed to it; being merely small doses of calomel and Dover's powder occasionally, during the day, and night, as a sedative. When pits are left, I have observed that they principally occur on the nose, and I am inclined to think that this may in some degree be owing to the insufficiency of the application to this sensitive part, or from the disagreeable vapor causing irritation of the schneiderian membrane, or eyes, which makes the patient more desirous to escape from its application; but even this inconvenience may be easily obviated, by keeping the eyes shut, and, if requisite, stopping the nostrils.

The immediate effect of the application is pain, which is more complained of by some than by others. It speedily subsides, and gradually abates in severity, after the first few applications; and the relief to the itching it affords is so gratifying to the patient, and the effects so manifest to the friends, that they always remark the contrast of the parts "painted," with those left "unpainted;" and frequently request a further extension of the application. I will record very briefly, a few of the cases, some of which were treated in the Montreal General Hospital, and some in my private practice:—

Case 1.—*Variola Discreta*.—J. H., aged 19, admitted into the Montreal General Hospital on the 31st October, 1852, under my care, on the third day of a variolous eruption, which covered the face and limbs very profusely, although distinct. The face was swelled, the tongue covered by a pustular eruption, and there was salivation. The initiatory fever had been severe. He complained much of the itchiness of the face, his pulse was full and frequent. He was ordered to be painted over the face, and to have small doses of calomel and Dover's powder 3 times a day. One of his arms was also painted for the object of comparison with the other. These parts soon exhibited a marked contrast from those left unpainted. The pustules remained small and formed thin scabs, which fell off early, and left the subjacent parts free from pits. Although this case was grave, there was no bad symptom. It was seen by several medical gentlemen, who expressed their satisfaction and conviction of the beneficial effects of iodine, and that it had prevented pitting and marks. Some weeks after convalescence, his face was quite smooth. The patient was uncertain whether he had been previously vaccinated.

Case 2.—*Semi-confluent Small Pox*.—E. B., aged 19, admitted into the Montreal General Hospital, 30th November, 1852, on the second

day of variolous eruption, which had been preceded by high fever, vomiting, epigastric and lumbar pains. It was copious on the face, which was much swelled, his spirits good, slept tolerably well, and without delirium. Eruption became very profuse over the limbs, and confluent on some parts, areola bright. The fever was moderate. Ordered to be painted with tincture of iodine, and to have the calomel and Dover. The crust formed a complete mask over the face, but was thin. The buccal mucous membrane did not appear to be involved in the eruption. The application was made daily, and the case progressed favorably. There were no depressions or marks left on the face. The iodine was also applied to different parts of the body to relieve the itching with very satisfactory results. Did not know whether he had been previously vaccinated.

Case 3.—*Semi-confluent*.—M. M. ætat. 7, (private patient,) to whom I was called on the second day of eruption, which had been preceded by smart fever and vomiting. The eruption was profuse, but distinct, over the face and extremities, with few pustules on the body, the mucous membrane free from it. The patient was said to have been vaccinated. She was ordered, as usual, to be painted. She did not make much complaint of the application, although of such tender years. The pustules on the painted part remained small and flat, quite unlike the other parts. Several pustules on the limbs became confluent—the areola rosy. On the 9th day, some of the pustules on the limbs had a hemorrhagic appearance, the scabs on the face were thin, and the secondary fever light. There was little swelling of the face, and no salivation. About the 10th day, she was attacked by rheumatic pains and swelling of the ankles and knees. Her bowels became disturbed for some days; an abscess formed at the ankles, elbow and axilla; these were discharged. Her strength was supported from an early period by nutritious diet—beef tea, arrow root, wine and quinine. About the 21st day of the eruption, she began to cough, accompanied by a mucous rale, and profuse expectoration, with great dyspnoea at intervals. An emetic, a sinapism, and pediluvium relieved her for the time. The mucous secretion continued profuse, and her strength failed, and she sank on the 31st day. There were only a few small *superficial* pits on her face, which would not have been very observable had she lived. The irritation from the rheumatism, and the discharge from the several abscesses, together with the profuse tenacious bronchial discharge, and consequent orthopnea, carried her off. The case would otherwise have been very satisfactory, although the application was commenced later than was desirable.

Case 4.—*Semi-confluent Variola*.—Miss E. M., aged about 18, (private patient,) after a smart fever, accompanied by severe epigastric pain, intolerance of light, redness of the conjunctiva, and slight sore throat, an eruption of papulæ appeared on the face and wrists. I saw her on the second day of eruption, when it was thickly out over the face and limbs. It soon spread over the whole body, and was very profuse, but kept distinct, except at a few parts. The iodine was applied to the face and back, with so much relief to the patient, from the itching, that she on many occasions made her sister apply it to various parts; in fact I

might say it was used all over her body, which circumstance she confessed after her convalescence. The secondary fever was severe, accompanied by much gastric irritation. There was also a good deal of suffering from a rheumatic affection of her wrists and ankles, which rendered her very helpless. She, however, got well, without any further troublesome symptom. The scabs were thick, and remained a long time on the right side of her nose, which (as was remarked by her sister) had been less assiduously painted, from that side being turned to the wall, and inconvenient to get at. On this part there remain several small superficial depressions, and the forehead has some very slight marks, only discernible *en profile*, which I expect will not be perceptible in a little time. The face is pale and without any stain, and generally quite smooth. The case was very severe and was seen by several medical gentlemen, who expressed their satisfaction of the efficacy of the remedy. It is doubtful if this patient went through regular vaccinia.

Case 5.—R. C., ætat. 15. I was called to this case on the 5th day of the eruption. The girl had been under the care of a medical practitioner, who had not applied the iodine, although it was suggested to him by the priest, who had seen its advantages in the previous case. The eruption over the face was flat and ill-filled. Although profuse, it was distinct over the body. She was a delicate, dwarfish girl, subject to splenitis. At the period I saw her, she was very weak, depressed in spirits, and sleepless. She was ordered a small quantity of wine and water, and beef tea frequently, calomel and Dover's powder, and to have the face painted. Although the expectation of benefit was much lessened, by the late period of the application, it caused, as usual, some pain, but at the same time afforded so much relief from the itching, that she frequently desired its reapplication. The eruption became confluent on several patches on the limbs; but little eruption on the body. The face swelled, and there was salivation. The scab on the face formed a complete mask, but not very thick. Her spirits revived, and her strength was maintained by wine and soups. Her feet, legs and wrists became painful and swelled. She, however, recovered well in about three weeks. There remain several small superficial pits on the face, which could not well be otherwise, as the application was so late in being applied, and a mark of a scratch she made before the iodine was applied. But they are evidently very much modified even by the late use of the remedy, and the relief to the itching derived from it was manifest, from her often desiring its application and extension over other parts. Several boils took place on different parts, but she soon recovered. This patient had never been vaccinated. Her eldest sister was vaccinated during the progress of the case, and passed through the stages, in a satisfactory manner.

Case 6.—*Variola confluenta*.—A. A., ætat. 15, a delicate looking boy, had never been vaccinated, nor any of his family, three of whom were vaccinated on the occasion of my being called to see him, and all passed through the regular stages in a satisfactory manner. This boy had, a short time before his illness, received a visit from a young friend, just recovered from an attack of variola. The primary fever and epigas

tric pain were pretty severe. The eruption was profuse over his face and extremities when I saw him on the second day. The iodine was applied in an unsatisfactory manner, from the interference of the patient and his mother. The eruption soon became very profuse, and confluent on many parts. The tongue and fauces were covered by ulcers; the voice scarcely audible; some cough and expectoration. The iodine produced such a soothing and satisfactory effect, that he soon desired its re-application, and it was extended to various parts to relieve the itching. The case, although very severe, went on well. Secondary fever was high, and there was much distress from the mucous membrane of the larynx, and from the pustules on the scrotum, and pains of his hands and soles of his feet, which are covered with pustules. He also suffered from rheumatism of the ankles and wrists, which were much swollen. The Dover and calomel afforded him relief and sleep at night. Beef tea and arrow root were ordered from the earliest day, and latterly wine and quinine. He was convalescent in three weeks, and able to sit up, in good spirits, saying he could dance with nurse, if the sores on his feet did not prevent him. Scarcely a trace of pit or depression being left on the face, whilst the parts unpainted showed numerous pits. On the 23d day from the appearance of the variolous eruption, an erysipelatous blush appeared on the forehead, and a similar one on the knee. An abscess formed in the axilla, and also on the eyelid and ankle. His back also became painful, and affected by erysipelas, and a smart fever supervened. His bowels discharged large quantities of ochrey looking fermenting and very offensive evacuations, for three or four days, when the fever and erysipelas subsided. About the 30th day the fever returned and assumed a typhoid type; dark, black, dry tongue; muttering delirium, subsultus tendinum, &c. &c. He continued in this precarious state for a week, when he became quite intellectual, and able to tell his wants, and good hopes were entertained of his recovery, when suddenly, after two days of this favorable state, he was seized with dyspnœa and hurried breathing, and died in a few hours. The treatment is omitted, as not being an object on the present occasion. The most satisfactory results were observed to attend the use of the iodine, both by allaying the irritation and preventing marks, scarcely any being perceptible. This case was seen by Dr. Campbell, in consultation, and by others, to witness the effects of the remedy.

I have treated several other slighter cases, in which the iodine was used in all with marked benefit in relieving the itching, and in all probability preventing pitting, as even in cases where the eruption is sparse, pitting may follow. I have also seen several severe cases in which it was tried in the Montreal General Hospital, under the care of other physicians, with the most satisfactory results, a summary of which accompanies this notice.

I think I may add without overrating the advantages of the application, that being a powerful antiphlogistic, while it lowers the inflammatory action, it thereby controls the general fever, and moderates the risk and mortality from the secondary fever.

The two fatal cases which I had during the present epidemic, being

evidently rendered so by other causes than variola, namely, in one, by erysipelas and typhus fever, supervening during convalescence, on the thirty-first day after the appearance of the variolous eruption. The other fatal case was carried off on the thirtieth day by continued irritation, and wasting from rheumatism, abscess and bronchitis, with profuse mucous discharge.

I have very great pleasure and satisfaction in adding the testimony of Dr. Bergin, of Cornwall, to the beneficial effects of iodine in small pox; who had in 1849 an opportunity of using it on a very extended scale, such as rarely is the lot of any individual in this country. The following summary, which is founded on returns made to the Hon. Colonel Bruce, Superintendent General of Indian affairs, is very brief, but it comprehends all that can be desired in support of the claim of this application, as an ectrotic remedy. Dr. B. had witnessed the early experiments I had made on this subject, during his pupilage in Montreal, and gladly availed himself of the unusual opportunity he had, when employed by the Colonial Government, to afford his professional aid, to a tribe of Iroquois Indians at St. Regis, on the banks of the St. Lawrence.

He briefly states, "I have treated 300 cases of small pox among the Iroquois Indians at St. Regis, during an epidemic in 1849. Of these 200 were very severe, either confluent or partially so, and to whom iodine was applied, as follows:—The whole face was painted, daily from the earliest day that it could be done in *eighty-five cases* of confluent, or semi-confluent small pox, out of which *only seven exhibited any marks, and these were slight.* *Half the face* was painted in *seventy* cases of grave disease; of these, *sixty-one were free from any marks on the painted side*, five were badly pitted, and four slightly, on the painted side, while the *unpainted* side had numerous marks and pits, exhibiting a very striking and marked contrast, fifty cases were painted at different periods, during the maturation of the pustules, upon which the tincture did not appear to have much influence. There were eight cases of variola modificata. Twelve of the cases terminated fatally, one of which was of an hæmorrhagic type.

I need scarcely add, that I am fully convinced of the beneficial effects of tincture of iodine, not only as a powerful ectrotic remedy, but also as a very efficacious means of controlling the irritation and itching, and thereby not only relieving the suffering of the patient, but also removing the involuntary and irresistible disposition to scratch, and the consequent production of wheals and scars. I am also of opinion that it moderates the febrile action, and thereby the danger. I have used a small quantity of hydriodate of potass to aid in the solution of the iodine.

I freely confess that I conceive I would not be doing justice and my duty to my patient, if I omitted to apply this remedy on any future occasion. It should be commenced at the earliest day of the eruption, and continued daily for a week. I may add that I have been applied to, on many occasions, for iodine, by Indians from the Racquett River, to whom I could not afford further aid. The cases were generally of a very grave type, and it appears to me that the Indian constitution, like the Negro, suffers severely from this malady."

Besides the several medical gentlemen who saw these cases, during their progress, and subsequently after convalescence, I had the pleasure of showing such of the patients who had passed through the ordeal as I could meet with, to Dr. Marshall Hall, of London, during his visit to Montreal. Two of these (numbers 4 and 5) will be admitted not to have been selected as favorable specimens, not only from their severity, but also for one not having been seen by me till the 5th day, consequently not having had the application made till a late period; in fact these cases presented more marks than any other I had. Dr. M. Hall has kindly favored me with his opinion as follows:

From Marshall Hall, M. D., F. R. S., &c.

I have seen with much satisfaction several patients who had been afflicted by variola, and treated by Dr. Crawford by the application of the tincture of iodine. The superficial pits I noticed appeared to me to be so numerous and crowded, that confluence and deep and lengthened scars must have taken place, but for the effectual abortive treatment by the iodine; and I cannot but think this a most valuable application in such cases.

Extract from a note from W. Henry, Esq., M. D., Inspector General of Military Hospitals.

Since I received your communication on the use of tr. iodine as an ectrotic in small pox, I have directed it to be used, and careful minutes taken, in about a dozen bad cases of small pox in Military Hospitals, several of which I watched myself. I also observed the practice last year in two of your patients in the Montreal General Hospital.

In some of the military cases, the tincture was employed, but in the greater number a liniment was used, composed of powdered iodine and olive oil, in the proportion of a drachm of the former to an ounce of oil. I prefer this to the tincture for external use, because it adheres to the skin better and is not so easily evaporated.

I entertain no doubt of the great value of iodine in this practice. It appears to check the deepening and developing of the pustules, to prevent their confluence, and to lessen materially the cutaneous inflammation in the interpustular spaces. Though last, not least, by stopping the deepening of the pustules it prevents subsequent disfigurement by pock-marks.

Extract from a note from P. W. MacLagan, M. D., Surgeon, 20th Regiment.

I have employed the tincture of iodine in four cases of small pox, one of them semi-confluent, the others confluent and hemorrhagic. One which you saw terminated fatally, but the poor man felt great relief from the application, and earnestly begged its repetition more than once.

The others are decidedly less deeply marked than might have been expected. Indeed, the superficial traces which remain will, I doubt not, disappear entirely. One of my patients complained a good deal of the smarting, for an hour or two after the iodine was applied; but the re-

mainder made mention only of the smell of it—rather I suspect the irritation of the mucous membrane produced by the vapor.

*From George W. Campbell, A. M., M. D., Professor of Surgery,
McGill College.*

Within the last two months I have tried iodine as an ectrotic in small pox, in the Montreal General Hospital, in four cases; two of them severe cases of confluent small pox, in which the face and eyelids, on the second day of the eruption, were greatly swollen, and entirely covered with incipient pustules. The tincture used was composed of a drachm of iodine to the ounce of alcohol, a few grains iodid. potasse being added to dissolve the iodine. The application was repeated once a day for four or five successive days. No suppuration occurred on the face, and when the mask, formed by the iodine scaled off, there was no pitting, and the face presented a marked contrast to the skin on the limbs and body being perfectly smooth and healed over, long before the scabs had separated in other parts. In neither of the above cases did the constitutional symptoms correspond with the severity of the eruption. There was no secondary fever and I have no doubt the disease was greatly modified by the ectrotic treatment. In conclusion I would remark, that I think the strong tincture of iodine employed more effectual and less painful than the ordinary tincture.

From A. Hall, M. D., Professor of Materia Medica, McGill College.

I have employed tincture of iodine freely both in private and Hospital practice, and from the general good results which I have witnessed following its timely application, I deem it an essential part of the treatment in that complaint. Of the various ectrotics which have been suggested, I consider it incomparably the best.

Shortly after you first suggested its use, I admitted into my wards at the Montreal General Hospital, a young woman, laboring under a severe attack of variola secreta. Doubting the efficacy of the tincture, but desirous of testing its value, I ordered its application to the left side of the face, neck and arms. On recovery, these parts presented scarcely the appearance of a cicatrix, while the collateral portions were severely marked by the disease. I regarded this as an unequivocal demonstration of the value of its practice, although I deeply regretted afterwards that my doubts had suggested such a mode of experiment.

I agree with the view which you have expressed that success depends on as early an application of the tincture as possible, and a steady repetition of it during the maturing period of the disease. In females I have extended the application of it, over the breast, as well as over the face, and I have been rarely disappointed in my expectations.

I regard the use of iodine as a decided improvement in the treatment of small pox; and I am happy to bear my testimony to its value, and to the obligation under which society is to you as its suggester.

Cases of Variola, treated with Tincture of Iodine, in the Montreal General Hospital.

TABULATED BY JOHN REDDY, M. D., L. R. C. S. I., HOUSE SURGEON.

Initials,	Age.	Day Tinct. 1st applied.	Character.	Days in Hospital.	Complication.	REMARKS, &C.
E. B. . .	15	2	C.	30	Mild Conjunctivitis.	Very severe; slight superficial pitting near point of nose
J. J. . .	25	1	C.	57	Furunculus.	Do. do. do. over forehead and side of nose.
J. H. . .	19	2	Coh.	20	Diarrhœa.	Not marked.
J. G. . .	17	2	Coh.	35	Bronchitis.	Do.
J. M. . .	20	1	Coh.	15	Mild Conjunctivitis.	Do.
J. M. . .	21	2	D.	25	Acute Conjunctivitis	Do.
W. C. . .	40	3	C.	46	Hemorrhoids.	Slightly marked upon nose and centre of each cheek.
S. H. B.	19	1	D.	21	None.	Not marked.
R. W. . .	17	2	D.	17	Bronchitis.	Do.
E. C. . .	3	2	D.	35	Do.	Do.
R. L. . .	17	1	D.	39	None.	Very severe; 1 or 2 superficial marks upon the face.
J. C. . .	17	2	D.	23	Do.	Not marked.
L. C. . .	19	2	Coh.	33	Do.	Severe; slight superficial marking.
P. McC.	20	2	D.	9	Do.	Not marked.
A. McK.	4	2	D.	10	Do.	Do.
H. O. . .	45	1	D.	35	Do.	Do.
H. B. . .	20	2	D.	12	Do.	Do.
A. T. . .	12	1	D.	30	Do.	Do.
C. B. . .	7	1	D.	23	Do.	Do.
P. B. . .	2	2	D.	26	Do.	Rubbed the face; superficial marking very slight on forehead.
H. O'N.	5	1	D.	30	Do.	Not marked.
M. A. B.	9	1	D.	30	Do.	Do.
M. F. . .	24	1	D.	25	Do.	Very superficial on forehead.
H. W. . .	36	1	D.	25	Furunculus.	Extremely severe, no marks.
D. C. . .	25	2	Coh.	45	Do.	Half the face painted; no difference in the sides.
K. H. . .	20	1	D.	25	None.	Not marked.
J. F. . .	5 mon.	1	D.	25	Do.	Do.
F. R. . .	18	2	D.	14	Do.	Do.
C. S. . .	35	1	D.	14	Do.	Do.
H. S. . .	43	1	D.	12	Do.	Do.
J. L. . .	35	2	Coh.	12	Do.	Do.
J. W. . .	22	2	D.	13	Do.	Do.

N. B.—C., Confluent; Coh., Coherent; D., Discreta.

In addition to the foregoing remarks, I have only to add that I am of opinion that the Tincture of Iodine is a powerful ectrotic, and the best I am acquainted with, and removes the variolous itching which is so distressing to the patient.

J. REDDY.

External Stimulus in Cholera.—The resources of professional judgment in the treatment of Cholera are not so numerous and efficient as to render a somewhat novel remedy unacceptable to those whose lot it may be to undertake the charge of many cases. I am indebted to a lady of heroic mind and great intelligence for the hints which led me to adopt in the collapse of cholera the powerful external stimulus which I shall presently describe. It appears that in the most desperate cases, even when life has appeared extinct, the native Indians are accustomed to apply the actual cautery freely to the abdomen, not unfrequently with the happy result of restored vitality. The remedy, based on the same principle, which I have employed in three cases with complete success in the Borough Jail of Newcastle, is precisely similar in kind, though somewhat less harsh and formidable in degree. A piece of linen dipped in brandy is placed over the epigastrium or abdomen, and ignited; the brandy burns away in a minute or so, producing a considerable feeling of pain, which renders it necessary to secure the hands of the patient. Slight vesication will probably follow, and, if successful, in a short time heart and pulse begin to return, and the feelings of the patient are greatly improved; vomiting will also generally be put a stop to. It is probable that the application may soon require repetition, the situation being somewhat varied. In one case, now convalescent, in which death was apparently close at hand, the most complete effect was produced by a third application along the spine in the lumbar region. Time will not permit me to give details of cases, but having now tried the "brandy blister" in seven or eight cases of total collapse, I repeat that in three it has been entirely successful, and in others has had the effect of temporarily rousing the patients; and if, as experience has taught me, in some of these it had been repeated with more energy, greater success might possibly have resulted. The patients now convalescent say that it is a severe remedy, but are quite conscious of its beneficial effects, and attribute to its use, without any hesitation, their restoration from impending death.—*Mr. Greenhow in Lancet.*

On the Use of Cinnamon in Certain Examples of Menorrhagia.—By T. H. TANNER, M. D.—Licentiate of the Royal College of Physicians; Physician to the Hospital for Women, &c.—Amongst the numerous cases of menorrhagia which come under my notice in hospital and private practice, instances are not unfrequently met with where no satisfactory explanation can be given for the increased catamenial flow. Of course, amongst these, patients suffering from general plethora, from hæmorrhage caused by polypi either within or without the uterus, or from that dependent upon fibrous tumours, uterine hydatids, ulceration (simple or malignant), or upon a watery condition of the blood, are not included. In the instances alluded to, I have almost always been unable, after careful examination, to say upon what the menorrhagia depended, since no physical alteration could be detected in either the uterus or ovaries; it has only therefore been practicable to assert what were *not* the causes.

The symptoms usually presented are briefly these : the catamenia appear regularly every twenty eight days, and are at first only of the proper quantity ; but, instead of ceasing after a duration of three or four days, they continue unabated for ten or fourteen, and occasionally even for three weeks. The general symptoms which arise from this debilitating discharge are just as might be expected. There is general weakness, langour, mental depression, with pains in the head, loins, and so on ; the patient suffering, it is to be remembered, not from any diseased condition, giving rise to the hæmorrhage, but merely from the loss of blood itself. In other instances the discharge continues a less time, but the flow is more abundant, clots being frequently discharged ; this variety is generally followed by leucorrhœa. My own experience tends to show that these forms of menorrhagia occur more frequently in unmarried than in married women ; but, for many reasons, and especially because of the class of patients from whom my observations are for the most part deduced, I would not say positively that such is the case.

Ailments of this class are at all times troublesome to cure, but those I am considering are particularly so, from the absence of any special indications for treatment. In some of them, indeed, it appears, at first sight, only necessary to keep the patient quiet, to administer astringents, especially such as act particularly upon the uterus, and to regulate the diet, in order to give the desired relief. But it will often be found that these means are quite inefficient, and that the acetate of lead, gallic acid, the ergot of rye, oxide of silver, sulphuric acid, tincture of sesquichloride of iron, and similar remedies may be employed without any avail. In thinking over these cases I was led, from a remark made by Dr. Pereira, to try the use of cinnamon. In the last edition of the "*Elements of Materia Medica*," this gentleman says, when speaking of cinnamon, that "some writers regard it as acting specifically on the uterus," (vol ii. p. 1307,) and reference is then made to the writings of Sundelin and Wibmer. As far as I know, these are the principal authors who have recommended the use of this agent ; for I am not aware that mention is made of it by gentlemen who have written on obstetrics and the diseases of women in this country. Having thus been led to try the effects of this agent, and having derived the most beneficial effects from its employment, I have felt desirous of making its value more generally known, that its utility may be tested on a large scale.

That its beneficial action is really due to some specific effect which cinnamon exercises upon the uterus, and not any astringent property it may possess from the tannic acid which the bark and leaves of it contain in common with all the lauracæ order of plants, is, I think, certain ; and partly in confirmation of this view, it may be mentioned, that in a case of labor in which I employed it, it *appeared* not only in a marked manner to increase the severity and rapidity of the pains, but the patient, who had in her previous labours suffered severely from flooding after the birth of the placenta, on this occasion lost only a very small quantity of blood. That this fortunate circumstance was due to the administration of the cinnamon I do not of course pretend positively to assert ; the case

is merely mentioned to give some color to the opinion expressed that this agent acts specifically upon the uterus. Much clearer evidence of its value in such cases of menorrhagia as I have described, is, however, easily obtained. The principal points I would now refer to are, that it acts after the failure of other astringents; that it is most efficacious given alone, uncombined with other medicines; that if its employment be discontinued too soon, the discharge of blood returns; while, in a few instances it has been found necessary, after an apparent cure, to resort to its employment for the two succeeding catamenial periods, when the menstrual flow after continuing for three or four days, has not given any signs of abatement, and when the patient has begun to suffer from mental depression and the early symptoms of general debility. The form usually employed, and which appears to be the best, is that of the tincture, in drachm doses, using cinnamon water as the vehicle; it should be taken about every six hours, but not more frequently, as it is apt to give rise to nausea and vomiting. It is also better to continue its administration for about fourteen days after the symptoms which called for its employment have disappeared; and even then, if the case has been an obstinate one, a draught composed of it should be taken once daily for a month.

In concluding these brief observations, I trust I shall not be understood as recommending cinnamon as an infallible remedy in all examples of menorrhagia. All I would wish to assert is, that in a certain class of cases I have found it to possess properties of great value; and though I might have waited until I had been enabled to test its properties on a larger scale, yet I preferred giving the results of my experience at once, in order that the readers of THE LANCET might have the opportunity of employing this agent, and ascertaining its value for themselves. If they will do so, and record the result, we shall soon possess satisfactory data for determining the action of cinnamon upon the uterus.—*London Lancet.*

Two cases of Trismus Nascentium, which recovered under the use of Cannabis Indica. Reported to the Medical Society of S. Carolina, Oct. 1st., 1853, by P. C. GAILLARD, M. D., Charleston, S. C.

I am induced to report the following case, with some details, in consequence of its unusual termination in recovery. "Trismus of new born infants," says Romberg, "is the most absolutely fatal of all children's diseases. Cases in which a cure has been effected, must be received with great suspicion, unless the diagnosis be verified by very accurate details." With us, the disease is, unfortunately, too common to allow us to be ignorant of its characteristic features; and our experience teaches us that the German professor has not exaggerated its fearful mortality. But I am happy to be able to report another case of recovery, under the same treatment, which occurred in the practice of my friend, Dr. De Saussure, during the month of March, 1853. The details of this case, furnished by Dr. DeS., will be found below, (case 2.) Time and further experience must determine whether we possess in cannabis an agent

capable of controlling the disease ; or whether the cases which follow must be reckoned amongst those fortunate accidents, or coincidences, which too often mislead us in estimating the value of therapeutic agents.

Case 1.—Rachael, a negress, æt. 38, of good constitution, was delivered of her eleventh child on Saturday, 23d July, 1853. The cord fell on the sixth day, and the child, a fine robust boy, did well until Tuesday, August 2d, when, towards evening, it was observed to be fretful and to nurse with difficulty. During the night it lost the power of taking the breast, and paroxysms of spasm became evident. I saw it the next day, August 3d. The child was lying on the mother's lap.—Paroxysms of spasm could be readily brought on by blowing into the face, or by attempting to introduce the finger or a spoon into the mouth. During the paroxysms, the muscles of the face were contracted so as to produce the characteristic expression ; the lips prominent ; the jaws fixed and slightly separated ; the tongue pressed against and filling the narrow space between them ; the nose compressed ; the forehead wrinkled longitudinally ; and the child uttered the grunting, whining cry so peculiar in this disease. The muscles of the back and arms were rigid and the fingers were forcibly shut upon the palms of the hands.

The navel had healed ; there were no signs of irritation about it. The examination of the head showed that the occipital bone was in its normal position ; the parietals did not override, or in the slightest degree overlap its anterior border. The child was still able to swallow a little ; for, although whenever the milk with which the mother fed it was poured into the mouth, the greater part was forced out by the spasmodic action induced by its introduction, yet after a time a little was swallowed.

The following directions were given : the child to be constantly fed, while awake, with milk drawn from the mother's breast and poured into the mouth ; large warm poultices to be kept constantly to the abdomen ; a warm bath to be given twice a day, and a teaspoonful of the following mixture to be administered every two hours : Tinct. Cannabis Indica $\mathfrak{z}\text{ii}$, Camphor Water $\mathfrak{z}\text{ii}$.

On the 4th no change. On the 5th the spasms were reported as having increased in frequency and severity ; the medicine was directed to be given every hour and a half. On the 6th and 7th no appreciable change ; the treatment was assiduously prosecuted. On the 8th the dose of the medicine was increased : $\mathfrak{z}\text{ii}$. of the tincture of cannabis to $\mathfrak{z}\text{ii}$. of camphor water, a teaspoonful every hour. On the 9th the mother said that the child had nursed a little twice when she forced the nipple into its mouth. The spasms of some of the muscles were, however, still very violent, as I could with difficulty, and only by using considerable force, extend the fingers, which were forcibly contracted on the palm. On the 10th the child took nourishment more freely by the spoon. On the 11th the spasms were rather less frequent, and not so severe ; the rigidity was less, and the child nursed twice. The improvement continued progressively. On the 21st the spasms were very short, and the child took the breast readily when placed to its lips. On the 24th the mother reported that there had been no paroxysm of spasm

for 24 hours, and that the child nursed freely. From the 16th, the intervals between the doses of medicine were gradually increased, and it was continued, three doses a day, for some days after the disease had disappeared. The child has continued well up to this time, October 1st.

Case 2.—Reported by H. W. DESAUSURE, M. D. Priscilla, a stout, healthy negress, æt. 26, was delivered of her third child on the 13th March, 1853. The infant was a large healthy looking male. The cord was detached on the fifth day; on the seventh day the child was noticed as unusually fretful, and passed several greenish, watery stools; on the night of the eighth day, it was fretful, restless, scarcely slept at all, and was unable to move, although apparently anxious to do so. I saw it on the morning of the 9th day, the 22nd of March. It was lying in the nurse's arms, with the features contracted, the brows corrugated, the muscles of the neck and back rigid and hard, the arms and legs flexed, so as to be extended with difficulty; the hands contracted, with the thumbs drawn tightly upon the palms; the jaws not very tightly closed—the little finger could be introduced into the mouth by a little effort; deglutition was possible, but the child could not nurse. The navel was not entirely healed, but the ulceration left by the dropping of the cord looked healthy. The child was ordered to be placed in a warm bath, a large poultice applied to the abdomen, and a teaspoonful of the following mixture given every two hours, viz: R Tinct, \mathfrak{z} ss.; Syr. wild cherry, \mathfrak{z} iss.; and the mother's milk to be given by teaspoonfuls frequently. On the 23d there was aggravation of all the symptoms; the jaws were so firmly closed that a teaspoon was with difficulty introduced into the mouth; deglutition was extremely difficult; the arms, hands and legs were more firmly flexed; opisthotonos was present to a great degree; the slightest motion, a breath of air upon the face, even touching the lips with the finger, was sufficient to bring on general spasms, accompanied by the peculiar whimpering cry so characteristic of this disease. The head was carefully examined; no depression of the occipital bone could be detected. The same treatment was continued, and a teaspoonful of the mixture was given every hour. From the 24th to the 28th, the intensity of the disease gradually increased, until it seemed impossible that the child could survive each spasmodic paroxysm. It was with great difficulty, and only by patient perseverance, that either milk or medicine could be swallowed. All general treatment was now abandoned. A dose of the cannabis mixture was ordered to be given every half hour, and as much milk given as the infant could be made to swallow. On the 28th, 29th, 30th, and 31st March, half an ounce of tinct. cannabis was administered every twenty-four hours. On the 1st of April symptoms of amendment began to be visible; the spasms were less frequent, and less easily excited; the rigidity of the arms, hands and legs, was less; and deglutition was effected with less difficulty. This improvement gradually but steadily progressed; the quantity of cannabis was proportionately decreased, and by the 10th of April, the child was entirely convalescent. It is now a fine, healthy infant.—*Charleston Med. and Surg. Journal.*

Thlaspi bursa pastoris in *Hæmorrhage*. By Dr. HANNON.—The cruciferae arrange themselves, according to their therapeutical constituents, into two groups:—1st. Those which contain a sharp essential oil, and are, on that account, used as an irritant to the skin, such as mustard, etc. 2ndly. Into those which contain less essential oil, but, on the other hand, much astringent and bitter matter, and which are, therefore, useful in assisting digestion and improving the state of the blood. The number of the latter is very great. The whole coast of Northern Europe bears the *cochlearia officinalis*, a most useful antiscorbutic. The whole surface of Europe produces the *nasturtium officinale*, *cardamine pratensis* and *amara*, and *lepidum sativum* (garden cress.) On the coast of America and the Antilles is found *kakile Americana*,—another antiscorbutic of great value; the Laplanders, the Kamtschadalen, and the Greenlanders possess their *nasturtium palustre* and *sylvestre*.

All these plants possess an essential oil, containing sulphur, a bitter resin, tannic acid, salts of soda, potash, lime, and iron, with a nitrogenous substance, which, in decomposition, causes the evolution of ammonia.

The *thlaspi bursa pastoris* was used in the earliest periods, according to Dioscorides, as a remedy in hæmoptisis; in later times it was recommended by Simon Pauli, and recently it has been approved by Lejeune, Merst, and Delens, for the same disease, and by Dubois for hæmaturia and hæmoptisis. Rene Van Oye and Rademacher confirm its utility.

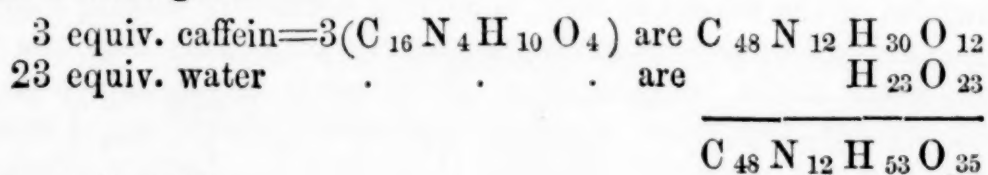
The author found it useful in many diseases, and especially in those hæmorrhages in which the fibrin of the blood is diminished. In certain subjects, the flow of blood constitutes the only disease; it occurs spontaneously, and without fever. The patients have, during the first attack, the aspect of good health, a fine rosy skin, and are well nourished; but upon closer inspection there is remarked a want of energy in the organic functions, labored and slow movements, and general apathy. By frequent recurrence of the hæmorrhages, there ensues pallor of the tissues, well pronounced anæmia; the nervous system seems over excited. Hence follow pains in the joints; the least pressure is followed by ecchymosis, in the form either of petechiæ or purpura; the least wound bleeds obstinately, and requires the repeated application of astringents; coagulation of the blood ensues with difficulty. In women the catamenia are frequent, profuse and exhausting. The blood appears serous and pale,—the clot is soft, small, and never buffed. The skin perspires easily and abundantly; every breath of air calls forth neuralgia. The urine is pale and copious; the evacuation from the rectum, fluid; and hydropic effusions, such as œdema of the foot, occur readily. The *thlaspi bursa pastoris*, administered for a considerable time, works in these cases a change in the constitution of the blood, especially when aided by the influence of good air and properly regulated diet. The best formulæ are the *succus thlaspi*, prepared cold, and of bitter taste, three to six drams a day. The *extractum thlaspi*, the expressed juice, reduced by evaporation to the consistence of an extract, one to two drams a day.—*Med. Times, from Presse Med.*, 1853.

MATERIA MEDICA AND THERAPEUTICS.

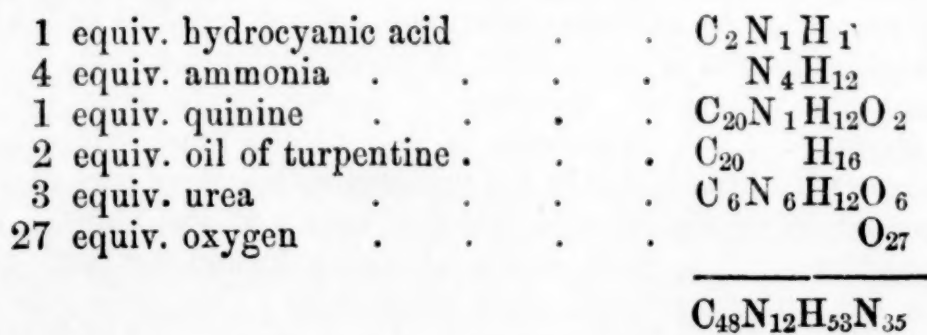
On the Effect of Coffee. By Dr. ZOBEL.—In a long and interesting article Dr. Zobel discusses the effects of coffee as well as, incidentally, other dietetics. He denies that the use of coffee (and of tea) is to be estimated by the quantity of nitrogen it contains, and shows by calculation how comparatively small a quantity of nitrogen could by this means enter the system. He also denies the accuracy of Rochleder's opinions, that coffee gives rise to the formation of creatine, or if it does so, he questions whether this may not result from its action on the nervous system, and not by immediate transformation of its own substance. With respect to the influence of coffee on the health, he refers to the opinions of a few enthusiasts, such as Jury and Thierry, who have supposed it to be most prejudicial to life. He then inquires what are the chemical changes which occur in the caffeine when introduced into the blood. The first change he states to be as follows :

1 equiv. caffeine $C_{16}N_4H_{10}O$ makes $\left\{ \begin{array}{l} 1 \text{ equiv. hydrocyanic acid } C_2NH. \\ 1 \text{ equiv. of a body of the composition } C_{14}N_2H_9O. \end{array} \right.$

The quantity of hydrocyanic acid is very large, and quite enough to appear at first sight a justification of those who have asserted the danger of coffee. But if the examination be continued, this apprehension is dissipated ; another equivalent of caffeine acting on the substance formed by the separation of the prussic acid, gives rise to four equivalents of ammonia, the great antidote of the acid, and a third equivalent of caffeine and water gives rise to one equivalent of quinine, two of oil of turpentine, and three of urea, while twenty-seven of oxygen remain. The formula is thus given :—



Thence are formed—



By the influence of the ammonia and turpentine, the sedative effects of the hydrocyanic acid are neutralized, and are replaced by a slight stimulant effect on the peripheric nervous system. The ammonia would produce its stimulant effect, and soon pass off, were it not fixed in some measure by the strongest neurine tonic known, the quinine. To these effects of caffeine, it is necessary to add those of the tannic acid and vola-

tile oils which the roasted coffee nuts contain, when coffee itself is drank. Dr. Zobel thus confirms the statement of Lehmann, that the amount of urea is increased by the use of caffeine. A few pages at the end of the paper are devoted to a consideration of the mode of origin of caffeine in the plant, which we omit.—*Brit. & For. Med. Chir. Rev. from Prag. Viertel. Jahrsch.*, 1853.

Case of Poisoning by Nux Vomica ; Recovery. (Under the care of Dr. HASSALL.)—Nux vomica is one of those poisonous substances for which we unfortunately possess no antidote, and whose destructive properties have, by experiments upon animals, and by accidental or wilful ingestion among human beings, been abundantly ascertained. No opportunity should, however, be lost of verifying or controlling what is known respecting the effects of nux vomica or its alkaloid strychnia, and this consideration induces us to bring the following case before our readers.

Dr. Christison states that nux vomica "is a powerful narcotic of that limited class which act almost entirely on the spinal column, producing, in poisonous doses, violent tetanic convulsions, without impairing the functions of the brain. Two drachms of the powder have proved fatal in two hours, and even *thirty grains* have been said to cause death. Those who recover from the primary effect on the nervous system may suffer from irritation in the alimentary canal, and an instance is on record of death being thus apparently produced in three days by three grains of the spirituous extract." The effects of strychnia (the proportion of the alkaloid to the nux vomica seeds being about one two-hundredth part) are stated to be as follows :—

"The slightest observable effects from small doses are twitches from the muscles of the arms and legs, occurring especially during sleep, and accompanied with restlessness, some anxiety, acceleration of the pulse, and generally slight perspiration. More rarely the bowels present increased activity, the urine is either augmented or discharged more frequently, and the venereal appetite is promoted. Larger doses cause violent startings of the muscles, or even also a tendency to locked-jaw, which are succeeded by stiffness, weariness, pain or rending in the limbs. In their highest degree these amount to violent tetanic spasm, occurring in frequent fits, with brief intervals of repose, acute sensibility, and dreadful alarm. . . . Strychnia is one of the most subtle poisons. I have seen a wild boar killed in ten minutes with a third part of a grain of commercial strychnia injected into the cavity of the chest. I have known two-thirds of a grain cause alarming locked-jaw and general spasms in the human subject when swallowed. One grain introduced into a wound would probably prove fatal to a man ; and Pelletier and Caventou have killed a dog in thirty seconds with the sixth of a grain of the pure alkaloid. . . . *There is no antidote for it.*" Having premised thus much respecting the effects of nux vomica seeds and its alkaloid, let us describe the history and symptoms of Dr. Hassall's patient from the notes taken by Mr. Curgenvin, house-surgeon to the hospital.

Abraham D——, aged twenty, a laborer of a healthy appearance, was admitted into the hospital on August 27, 1853, having three-quarters of an hour previously taken about one drachm and a half of powdered nux vomica, which he purchased for the alleged intent of poisoning rats.

When admitted he was in a profuse perspiration, the skin of the face, neck, and chest was greatly congested, the eyes suffused, the pupils slightly contracted, and the pulse hard and excited. The patient was greatly agitated, and on moving he grasped firmly the nearest object for fear of falling.

A few minutes after admission a tetanic paroxysm came on suddenly, the man was thrown into a state of opisthotonos, all his muscles becoming rigid, and respiration for the time suspended. This fit lasted about half a minute, when the muscles became relaxed, and he was again able to answer questions. Two emetics (sulphate of zinc?) had been given him before he was brought to the hospital, but neither had acted.

On admission a sulphate of zinc emetic was administered, but without effect. The stomach-pump was then used, and mixed with what was ejected could be seen some greyish powder, but unfortunately the fluid was thrown away without any tests being used.

The patient now stated that having purchased the poison (said by the chemist to have been two drachms of powdered nux vomica) he went home, and mixed it with some water in a wine-glass, and whilst drinking it his mother knocked the glass out of his hand; he had, however, drank nearly the whole of it. Soon after the ingestion of the poison he felt a little drowsy, and the first paroxysm of tetanic spasm came on about ten minutes afterwards. He had several of these fits before he was brought to the hospital, and five after his admission into the ward. They went on decreasing in severity, and none were observed after the fifth was over.

The night following, the patient slept well, and the next day he complained of cramping pains in his limbs when he moved them; tongue rather dry; much thirst; bowels confined. He was ordered an aperient and a saline mixture.

On the 29th, the second day after admission, the pains had left him, his bowels had acted freely, the feverish symptoms had subsided, and the following day the man was discharged in very good condition.

It is a pity that the exact quantity of nux vomica powder which the patient took could not be ascertained; but it may approximatively be said that the dose was a very dangerous one, lying as it does, between the two drachms and the thirty grains mentioned by Dr. Christison. The case which we have just related presents some of the features which have been described by toxicologists—viz., tetanic spasms of a very violent nature succeeding each other very rapidly, and which disappeared completely when the poison had been washed away. Permanent locked-jaw did not, however, set in, but the cramping pains in the limbs, which came on towards the second day, and the uncertainty of gait which the patient manifested on his admission, were quite in keeping with the usual effects of the poisonous substance. The undoubted usefulness of the stomach-pump was well-shown in this case, and the circumstance

affords an additional proof that this valuable instrument is one of the best contrivances for thoroughly emptying and washing out the cavity of the stomach.—*London Lancet*.

Poisoning by Atropia applied to the Conjunctiva.—The Gazette des Hopitaux gives an account of a case of poisoning by atropia, which is remarkable for the small quantity employed, and the place of application—viz., the healthy conjunctiva. A patient in the Hospital Saint Antoine was laboring under double cataract, complicated with adhesions of the iris to the lens. In order to ascertain exactly the condition of the eyes, three or four drops of a solution, containing about one grain of atropine to two ounces of water acidulated with acetic acid, were instilled into each eye. Half an hour afterwards the patient suffered from vertigo, and complained of disagreeable, unusual sensations; three quarters of an hour later he manifested all the symptoms of poisoning by belladonna,—redness and animation of the face—pupils, though irregular, enormously dilated, incessant hallucinations, seizing the bedclothes, and grasping at objects in the air. He could not raise himself from his bed, nor advance a step without being supported, as his limbs trembled and gave way at every effort. Pulse full, and beating 120. These symptoms gradually passed off, but the patient did not recover his normal condition for three or four days afterwards. Being interrogated upon the delirium and hallucinations of the preceding days, he had only a vague recollection of what had passed.—*Dublin Med. Press*.

AT A SPECIAL MEETING OF THE NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA, held Nov. 15, 1853, the following preamble and resolutions were unanimously adopted:

Whereas, It has pleased Almighty God to remove from our midst to his final home, Dr. THOMAS HOBSON, one of our esteemed and talented associates, therefore

Resolved, That we deeply sympathise with his bereaved family in this dispensation of Divine Providence, and that the President and Secretary be instructed to convey to them the sincere condolence of this Association, for the irreparable loss they have sustained.

Resolved, That the members of this Association attend his funeral.

Resolved, That the foregoing preamble and resolutions be published in the Medical Examiner and Medical News, and in one of the daily papers.

N. L. HATFIELD, President.

THOS. BOND, Secretary.

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